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City of Leeds

EDUCATION COMMITTEE

REPORT

OF THE

SCHOOL MEDICAL OFFICER

(ALGERNON WEAR C.M.G. M.D. B.S. D.P.H.)

For the year ended 31st December 1930



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INDEX

PAGE	
28	AFTER CAREERS OF SPECIAL SCHOOL CHILDREN
22	ARTIFICIAL SUNLIGHT TREATMENT
26, 32, 47	BLIND
25	CAMP
41	CHILDREN'S DAY
5, 14, 15, 17, 43, 53, 54	CLINICS
11, 25	CO-OPERATION
9	CO-ORDINATION
21, 47	CRIPPLING
32, 47	DEAF
10, 40, 49, 51, 52	DEFECTS REPORTED
5, 10, 20, 49, 52, 54	DENTAL
33, 99	EMPLOYMENT OF CHILDREN
26, 47	EPILEPTICS
47	EXCEPTIONAL CHILDREN
57	EXCLUSIONS
12	FOLLOWING UP
47	HEART DISEASE
36, 41, 55	HEIGHTS
10	INFECTIOUS DISEASE
34, 47	LUNG CONDITIONS
17	MALNUTRITION
25	MALT AND COD LIVER OIL
26, 27, 29, 47	MENTALLY DEFECTIVE
39	MILK
13, 16, 49	MINOR AILMENTS
14, 16, 17, 49	NOSE, THROAT, AND EAR DEFECTS
57	NOTICES TO PARENTS
5, 45	NUMBER OF SCHOLARS EXAMINED
7	NUMBER ON ROLL
42	NURSERY SCHOOL
13	NURSES' WORK
37	NUTRITIONAL QUOTIENT
24, 25, 44	OPEN AIR EDUCATION
21	ORTHOPÆDIC WORK
7	PAYMENT FOR TREATMENT
58	PHYSICAL TRAINING
28	POTTERNEWTON SCHOOL FOR CRIPPLES
19, 50	PROSECUTIONS
25	PROVISION OF MEALS
34	RESPIRATORY DISEASE AND ALTITUDE OF SCHOOLS
12, 17	RINGWORM
10, 45	ROUTINE EXAMINATIONS
9	SCHOOL HYGIENE
51	SECONDARY SCHOOLS
17	SKIN DISEASES
34	SPECIAL EXAMINATIONS
20, 47	SPECIAL SCHOOLS
48	SPECTACLES
3, 6	STAFF
45	STATISTICAL TABLES
70	STREET TRADING
5	SUMMARY OF WORK
34	THEATRICAL CHILDREN
5, 10, 13, 14	TREATMENT OF SCHOLARS' DEFECTS
48, 49, 50, 52, 53, 54	TUBERCULOSIS
19, 47	UNCLEANLINESS
10, 12, 16, 50, 57	VISION AND SQUINT
16, 19, 48	VISION AND SQUINT
34, 41, 56	WEIGHTS
17	X-RAY

LEEDS EDUCATION COMMITTEE

Medical Inspection of School Children

MEDICAL SUB-COMMITTEE

Alderman THORNTON (*Chairman*)

,, SCHOLEFIELD

,, MORRIS

Councillor ARNOIT

,, BULLUS

,, DR. FERNANDEZ

,, PICK

,, QUINN

Mrs. BLACKBURN

Mrs. HARVEY

MEDICAL STAFF

School Medical Officer—ALGERNON WEAR C.M.G. M.D. B.S. D.P.H.*Deputy School Medical Officer*—GEO. E. ST. CLAIR STOCKWELL
B.A. M.B. B.C.*Full-time Assistant School Medical Officers*—

MAURICE E. WILLCOCK M.B. Ch.B. D.P.H.

FRANCES M. BEBB B.A. M.B. Ch.B.

HERBERT HARGREAVES M.B. B.S.

RONALD WOOD M.B. Ch.B.

BASIL M. R. WEST, M.R.C.S., L.R.C.P.

IRENE M. HOLORAN M.B. Ch.B.

ROBERT J. REID M.B. Ch.B. D.P.H. (*appointed 1st September 1930*)*Oculist*—RALPH HOPTON M.D. B.S. M.R.C.S. L.R.C.P. (*part-time*)
(also Oculist to the School for Blind and the Special Classes for Myopes).*Consulting Surgeon (Nose, Throat and Ear)*—ALEXANDER SHARP
C.B. C.M.G. K.H.S. F.R.C.S. (Edin.).*Consulting Surgeon (Orthopædic)*—S. W. DAW M.B. B.S. F.R.C.S.*Hon. Consulting Surgeon (School for Blind)*—The late A. L.
WHITEHEAD M.B. B.S. M.R.C.S. L.R.C.P.

MEDICAL STAFF—*continued**Full-time School Dental Officers—*HARRY DRAKE L.D.S. (*Barrister-at-Law*).

JAMES LAW L.D.S.

ARTHUR B. MORTIMER L.D.S.

HERBERT J. EAGLESON L.D.S.

ROBERT D. KINNEAR L.D.S. (*appointed 3rd February 1930*).

*Part-time School Dental Officer—*G. HERBERT H. RUSSELL M.B.
Ch.B. L.D.S.

School Nurses—

VIOLET J. WEBSTER
(*Superintendent Nurse*)

JANE TOTTIE

FLORENCE N. CLAYTON
(*died December 1930*)

GERTRUDE SMITH

CARRIE LEWIS

HELENA SIMPSON

EVELINE LOWE

ELSIE K. BRIGGS

ANNIE A. POSKITT

MONA K. MACPHERSON

SARAH E. WEBSTER

GERTRUDE M. PENFOLD

GRACE E. PRIOR

ALICE CLARK

(*appointed 6th January 1930*)

ELIZABETH M. WHURR

ROSE PAYNE

ISABEL FERGUSON

HILDA MOODY

ENMA M. HEARNshaw

MARY CHERRETT

ELIZABETH M. BENSON

EDITH D. WYNN

LILLIAN MOODY

MARY D. CARRICK

KATE GRONOW

MINNIE ABBOTT

ALICE SHACKLETON

MARY LANHAM

(*appointed 6th January 1930*)*Masseuses—*

EDITH A. REVILL

MARY F. E. HEWITT

ALICE M. M. SUGDEN

ELIZABETH SWANSON

GERTRUDE M. ISLIP

(*appointed 6th January 1930*)*Dental Attendants—*

MARY E. MORTIMER

GRACE E. BROWN

CLARA WILSON

ETHEL WHITE

CICELY M. BAXTER

**Summary of the Work of the Leeds School Medical
Service 1930**

No. of Children examined by the School Medical Officers at Routine Inspections	...	...	...	...	22,300 (24,413)
Re-inspected in the Schools by the School Medical Officers					21,464 (20,123)
Examined by the School Dental Officers	...	...			45,216 (51,159)
Examined by School Nurses in the Schools	...	...			85,986 (83,399)
Re-inspected in the Schools by School Nurses			...		83,436 (81,468)
Number of Visits to Homes by School Nurses	...				3,362 (3,649)

Clinic Work

Total Attendances 1930	282,060 (274,160)
------------------------	-----	-----	-----	-----	-----	----------------------

CLINIC		Number of Attendances		NATURE OF WORK
		Medical	Dental	
Central	...	19,554 (20,588)	4,226 (4,579)	Inspection Refraction X-ray Orthopaedic Artificial Sunlight Aural External Eye Dental
Armley	...	23,227 (27,623)	3,430 (3,770)	Inspection Treatment of Minor Ailments Refraction Orthopaedic Dental
Burley	...	39,556 (29,263)	2,444 (2,545)	
East Leeds	...	4,854	943	
Edgar Street	...	53,451 (62,955)	5,177 (5,132)	
Holbeck	...	41,315 (42,132)	2,672 (2,528)	Inspection Treatment of Minor Ailments Orthodontic
Hunslet	...	38,243 (37,471)	3,972 (3,737)	
Meanwood	...	38,782 (31,184)	—	
Dental Hospital	...	—	500 (653)	

The figures in brackets are those for 1929.

CITY OF LEEDS

EDUCATION COMMITTEE

**Report of the School Medical Officer for the Year ended
31st December 1930**

To the Chairman and Members of the Education Committee

LADIES AND GENTLEMEN

I have the honour to present my Annual Report upon the work of the School Medical Service of the City of Leeds for the year ended 31st December 1930.

Staff

It is with regret that I have to place on record the death of my old colleague, Mr. A. L. Whitehead, who was Honorary Consulting Surgeon to the School for the Blind in Blenheim Walk. He had held this honorary post for a number of years, during which he did much invaluable work on the children's behalf.

Dr. Reid was appointed to the vacancy caused by the death of the late Dr. Clapham and took up duty on the 1st September 1930.

Dr. Hopton, the specialist in refraction work, has had to relinquish his post temporarily, owing to indifferent health. The work is being carried out by the Assistant School Medical Officers proficient in this special branch of the profession. It is sincerely hoped that after his prolonged rest and change, Dr. Hopton will return to his duties entirely recovered.

In place of Mr. Collins, resigned, Mr. Robert D. Kinnear was appointed School Dental Officer from the 3rd February 1930. Mr. Herbert Eagleson having been appointed School Dental Officer to the City of Manchester, a vacancy on the Dental Staff will occur early in the New Year.

It is with extreme regret that I have to place on record the death from accidental coal-gas poisoning of Nurse Florence N. Clayton, which occurred on the 19th December 1930. Nurse

Clayton was a highly trained, conscientious, and reliable nurse, and one who was greatly esteemed by her colleagues. Her untimely death was a matter of profound sorrow to all.

Nurse M. Lanham and Nurse A. Clark were appointed on the 6th January to fill vacancies, and Miss Gertrude Islip was appointed Masseuse on the 6th January to replace the late Miss Hobbis.

At the end of the year there is again unfinished work to report, which has to be carried over to next year; this outstanding work includes vision, throat, and dental cases.

The total attendances at the various clinics show an increase over the previous year, the total number being 282,060.

Return of Number of Children on Roll on the 31st December 1930

Type of School				Number of Schools	Number of Departments	Number on Roll
<i>Elementary—</i>						
Council	...	...	...	77	172	47,348
Voluntary	...	...	...	52	95	10,875
<i>Higher—</i>						
Maintained	...	...	...	13	13	5,027
Non-maintained	...	...	...	5	5	1,941
<i>Industrial</i>	...	...	...	2	2	186
<i>Special—</i>						
Mentally Defective	...	...	...	5	5	352
Physically Defective	...	...	...	1	1	92
Blind	...	...	...	2	3	226
Deaf	...	...	...	1	1	81
Sanatorium	...	...	...	2	2	76
Nursery	...	...	...	1	1	59
Total	...	...	...	161	300	75,263

It is gratifying to report that, in spite of the industrial depression, **Payments** by parents towards the cost of medical and dental treatment during the year ended 31st December 1930, amounted to £2,024 5s. 9d., as compared with £2,013 2s. 9d. for the year 1929.

The percentage of payments to the number of attendances made is as follows—

For treatment of Minor Ailments, X-Ray and Sunlight treatment	...	...	...	3.2%
Dental treatment	...	...	...	52%
Refraction treatment and the supply of Spectacles	...	...	...	98.2%

Payment is entirely voluntary for the treatment of minor ailments, X-Ray and Sunlight treatment, and dental treatment. For operative treatment and the supply of spectacles, investigations are made and, if the income of the family is above the scale fixed by the Committee, payment must be made unless the amount is excused by the Committee.

With regard to the supply of malt and cod liver oil, it is worth noting that the cost to the Committee of the malt and cod liver oil supplied during the year was £192 18s. 5d., and that the sum of £164 3s. 8d. was received from the parents.

Minor Ailments, X-ray, Artificial Sunlight, and Dental Treatment

Clinic	Minor Ailments, X-ray and Sunlight			Dental Treatment		
	No. of Attend-ances	Amount Paid £ s. d.	Per cent. of Payments to Attend-ances	No. of Attend-ances	Amount Paid £ s. d.	Per cent. of Payments to Attend-ances
Central ...	8,117 (10,473)	189 10 5 (211 11 5)	20·8 (22·1)	3,369 (3,978)	74 0 11 (114 12 4)	57·6 (69·0)
Armley ...	17,844 (21,506)	5 11 8 (8 3 2)	3·0 (2·5)	3,290 (3,835)	81 1 5 (99 17 10)	64·1 (67·3)
Burley ...	28,556 (26,798)	7 4 2 (5 14 5)	2·4 (1·6)	2,437 (2,577)	42 14 5 (59 10 0)	43·2 (56·7)
East Leeds	2,018	15 0	5·2	631	20 4 1	79·6
Edgar St.	46,382 (46,211)	3 6 8 (6 11 7)	2·6 (3·2)	4,942 (5,110)	96 6 0 (94 4 1)	53·9 (51·2)
Holbeck...	35,288 (32,141)	8 19 0 (6 12 2)	2·3 (2·5)	2,666 (2,344)	34 3 10 (36 15 7)	37·7 (45·9)
Hunslet ...	29,484 (29,282)	10 9 1 (10 17 10)	3·3 (3·3)	3,898 (3,680)	63 4 3 (60 19 4)	45·7 (44·4)
Meanwood Road	32,210 (27,429)	5 1 1 (5 9 1)	1·1 (0·7)	—	—	—
Total ...	200,499 (193,840)	*230 17 7 †(254 19 8)	3·2 (3·5)	21,233 (21,524)	411 14 11 (495 19 2)	52·0 (56·3)

* Includes £164 3s. 8d. received for payment for Cod Liver Oil and Malt.

† Includes £159 13s. 4d. received for payment for Cod Liver Oil and Malt.

Corresponding figures for 1929 are shown in brackets.

Operative Treatment

Tonsils and Adenoids

£ s. d.
250 11 9
(173 11 6)

Orthopædic Treatment

£ s. d.
73 2 6
(64 18 11)

Refraction Treatment and Provision of Spectacles

Refraction Treatment and Supply of Spectacles					
Clinic	No. of Spectacles Ordered	Amount Paid £ s. d.			Per cent. of Payments
Central ...	1,177 (1,262)	289	17	5	98·0 (98·7)
Armley ...	431 (350)	117	6	2	96·0 (97·1)
Burley ...	461 (312)	129	13	4	97·6 (97·1)
East Leeds ...	88 —	21	18	0	100·0 —
Edgar Street	1,015 (914)	230	2	4	98·0 (99·5)
Holbeck ...	642 (632)	139	3	11	98·3 (98·4)
Hunslet ...	575 (563)	120	17	10	98·3 (99·1)
Meanwood Rd.	—	—			—
Total ...	*4,892 †(4,033)	1,048	19	0	98·2 (98·5)

*Includes repairs to 1,099 pairs of spectacles.

†Includes repairs to 834 pairs of spectacles.

Complete payments for Spectacles ...	...	2,041	(2,077)
Spectacles supplied on the instalment basis ...	...	1,693	(981)
Spectacles supplied free of charge ...	...	81	(59)
Cases on hand at the end of the year ...	...	78	(82)

Corresponding figures for 1929 are shown in brackets.

Summary of Payments 1930

	£	s.	d.
Refraction Treatment and Supply of Spectacles ...	1,048	19	0
Dental Treatment... ..	411	14	11
Minor Ailments and X-ray Treatment ...	25	2	10
Supply of Cod Liver Oil and Malt ...	164	3	8
Treatment of Tonsils and Adenoids ...	259	11	9
Orthopædic Treatment—Operations, Appliances, etc. ...	73	2	6
Massage ...	25	1	4
Artificial Sunlight ...	16	9	9
Total cash received 1930 ...	£2,024	5	0
Total cash received 1929 ...	£2,013	2	9

Effective co-ordination is maintained with all agencies dealing with the welfare of the children in the city, and arrangements are made for interchange of information with regard to children under treatment at the local hospitals. Close co-operation also exists with the Public Health Department in connection with the control of infectious sickness in the city. Co-ordination

In the course of their visits to the schools the Medical Officers report on sanitary conditions, heating, lighting, etc. The majority School Hygiene

of the schools are satisfactory in these respects, and the older schools are gradually being improved as opportunity permits.

The teaching of hygiene now forms part of the curriculum of all the elementary schools of the city. The ground covered by children up to and including Standard V includes simple lessons on food and drink, cleanliness, care of the teeth, circulation, and uses of alcohol. The older scholars receive instruction on the human frame, causes of disease, dirt, flies, malnutrition, ventilation, methods of sanitation, water supply, etc.

Some years ago a trained nurse was appointed to give lessons in Mothercraft to the older scholars. This work has gradually been developed and there are now four full-time teachers who are fully trained nurses giving lessons to the girls during their last year at school. The course covers the care of the body, the general laws of health, food, development and growth, how to deal with minor ailments and accidents, and the general care and management of the child.

Medical Inspection

Routine medical inspection is carried out of children in the three age groups as prescribed by the Board of Education.

All children six years of age and over are inspected by the Dental Officers; the School Nurses are required to make two systematic examinations annually of all children in attendance for conditions of cleanliness, and to reinspect children with defects monthly.

Summary of Defects Referred for Treatment or Observation Elementary Schools

DEFECTS			Routine Cases	Special Cases	TOTAL
Tonsils and Adenoids	...	...	2,696	1,041	3,737
Tuberculosis	...	...	106	172	278
Skin Disease	...	...	606	11,890	12,496
External Eye Disease	...	...	299	1,990	2,289
Vision	...	...	3,058	4,813	7,871
Ear Disease and Hearing	...	...	877	1,969	2,846
Dental Defects	...	...	—	—	26,811
Crippling Defects	...	...	1,547	860	2,407
Other Defects	...	...	8,476	8,510	16,986

Infectious Disease

Each year there is a large amount of infectious disease in the schools; in 1929, the figure was practically double that of the year before. During the year under review, the number of such cases was 9,807, which is 4,912 less than in 1929. The presence of so much infectious disease is an indication of much personal suffering, inconvenience, loss of school attendance, with frequent health depressions and complications of a varying degree of severity.

The reduction in the number of cases may, in part, be ascribed to the absence of any epidemic, beyond a mild form, during the year, and to the steps which are taken in the schools to combat the onset of disease.

In previous reports the procedure adopted for prevention has been fully stated. A constant watch is kept on all outbreaks of the various types. Scarlet fever cases go to hospital, whilst contacts or suspects are excluded from school, premises and apparatus, etc., are disinfected. An outbreak of diphtheria is frequently prevented by early swabbing of contacts together with their isolation. The present-day type of smallpox approaches so closely to that of chickenpox that the difficulty of diagnosis has become intensified. During 1930 there were several isolated outbreaks of this disease in the city most marked in the first quarter of the year, all of which were checked at their outset by removal to hospital, quarantine of suspect cases, a strict watch over contacts, and by their immediate vaccination, with the result that there were eight cases only of this disease amongst school children. In February one lady member of the Clinic Clerical Staff was infected by a child, the majority of the staff were vaccinated, and the premises stoved. No other cases occurred.

Close co-operation is maintained with the Medical Officer of Health's Department, and a cordial scheme of interco-ordination is in operation, the principle adopted being that the Medical Officer of Health deals with the home and the School Medical Officer with the schools. Owing to the frequent demand by the public that schools should be closed for infectious disease, it cannot be too widely known that school closure is rarely recommended for this purpose. In the "Memorandum on Closure and Exclusion from School," issued by the Ministry of Health and the Board of Education, it is stated that—"It may be safely laid down as a general principle that if the power to exclude individual children be used to the best advantage, it is only in special and quite exceptional cases that it will be necessary to close a school in the interests of public health." This has been the policy of the Committee since the first issue of this Memorandum in 1925.

The basis of this Memorandum is that much better control is exercised over the spread of infection when the children are under observation. The parents know which children are contacts, and they no doubt keep them from foregathering at picture houses, theatres, and other entertainments. Every known case of infection, whether one of the notifiable diseases or not, is registered at the Central Clinic and steps are at once taken to prevent the spread of

infection by the exclusion of contacts and the spraying of school premises. On the other hand, were a school closed, fresh cases, unknown to us, would be cropping up in the homes, and there would be lack of control by the Medical Department.

Swab Report 1930

CLINIC					Positive	Negative	Total
Central	...	...	...	...	1	78	79
Armley	...	...	...	...	2	7	9
Burley	...	...	...	...	2	62	64
East Leeds	...	...	...	...	10	164	174
Edgar Street	...	...	...	...	9	110	119
Holbeck	...	...	...	...	5	168	173
Hunslet	...	...	...	...	43	355	398
Meanwood Road	...	...	...	...	11	173	184
Totals					83	1,117	1,200

Examination of Hairs in Ringworm Cases (All at own Laboratory)

Positive	Negative	More Hairs required	Total
103	98	35	236

Following Up

The policy of the Committee is, in the first instance, to give parents an opportunity of obtaining private medical treatment. All children with defects are reinspected and "followed up" by notices, invitations to attend the clinics, or visits by School Nurses.

Nurses' Work, Table IV, Group V, compares most favourably with the corresponding table of the previous year, for it shows a lessened amount of uncleanness amongst elementary school children. Whilst 4,555 more examinations were made by the School Nurses, there were no less than 1,400 fewer defects discovered; 86 fewer children were cleansed; 70 fewer prosecutions were taken under the Bye-Laws and Education Act. This table reflects favourably upon the cleanliness of the schools.

The following is a summary of the work of the School Nurses for the year 1930

(A) INSPECTION	1930	(1929)
Number of Visits to School Departments	4,980	(4,739)
Number of Children Examined	85,986	(83,399)
Number of Reinspections	83,136	(81,468)
Number of Defects Discovered—		
Uncleanliness of Head	9,975	(11,242)
Uncleanliness of Body	4,883	(5,016)
Other Defects	4,759	(5,445)

(B) TREATMENT OF MINOR AILMENTS—

Number of Dressings at Clinics—

Ringworm of Head	2,460	(4,086)
Ringworm of Body	4,433	(4,765)
Scabies	1,334	(968)
Impetigo	30,999	(30,442)
Other Skin Diseases	68,899	(63,210)
Ear Diseases	21,610	(21,311)
External Eye Diseases	26,391	(26,917)
Other Defects	94,131	(79,097)
	<u>250,257</u>	<u>(230,796)</u>

(C) VISITS TO HOMES	3,362	(3,649)
----------------------------	-------	---------

(D) PROPORTION OF TIME GIVEN TO DIFFERENT SECTIONS OF WORK

	(1930)		(1929)	
	Hours	%	Hours	%
Clinic Work	31,762 $\frac{1}{4}$	71.0	(30,818 $\frac{1}{4}$)	(70.5)
Examinations in Schools	7,391 $\frac{3}{4}$	16.5	(7,096 $\frac{1}{4}$)	(16.2)
Visits to Homes	2,038 $\frac{3}{4}$	4.5	(2,160)	(5.0)
Office Work	3,559 $\frac{1}{2}$	8.0	(3,634 $\frac{1}{2}$)	(8.3)
	<u>44,752$\frac{1}{4}$</u>		<u>(43,709)</u>	

(E) SUMMARY OF THE WORK OF MASSEUSES—	(1930)	(1929)
Number of Visits to Homes	346	(1,015)
Number of Children Treated	779	(619)
Number of Treatments	32,110	(25,175)

Medical Treatment

The arrangements set out in previous reports for the treatment of defects, have been continued.

Clinics

There are now nine clinics in the city, eight branch and one central clinic. Included in this number is the new clinic at East Leeds and a small sub-clinic at Middleton.

Each branch clinic supplies the school medical needs of a district, from which it draws its cases which are brought to light by doctors, teachers, nurses, attendance officers, and parents. A medical officer attends each branch clinic on several half days per week, whilst the nurses attend daily. The work undertaken at all the branch clinics consists of minor and certain special treatment including refraction, dental and massage, with the exception of that at Meanwood Road Clinic, where the work is curtailed on account of lack of accommodation. At the Central Clinic, adjoining the Education Offices, specialised work only is carried out, such as the more difficult refraction cases, nose and throat, orthopædic, dental, artificial sunlight treatment and X-ray treatment of ring-worm, together with the medical examination of cases of special difficulty. This includes ailing children who are out of school for prolonged periods or those who need examination for admission to the various Special Schools. The Central Clinic is also the seat of administration, where all medical records of school children are housed. In dealing with the defects of school children, the policy of the Education Committee has always been to draw the attention of parents to any defects of their children which need attention, except those which are known as minor treatment cases.

East Leeds Clinic—This clinic was opened by the Lord Mayor on the 20th October 1930. The clinic is spacious, and has sufficient waiting and treatment room accommodation to provide for the needs of this growing district for some years to come. Provision is made for minor treatment, refraction of the eye, ear diseases, massage, dental, and all treatment peculiar to a branch clinic. Provision has been made for the installation of artificial sunlight, but this has not yet been established as the number of cases in need of such treatment in the district does not at present justify the expenditure.

Meanwood Road Clinic—This clinic calls urgently for re-modelling or replacement, as it consists of two rooms only with an attendance of 38,782 in the year. Such overcrowding is prejudicial to the health of all concerned; the mothers, children, and the nurses. It is also apt to be a centre for the spread of infectious disease. The clinic is so small that it is difficult and inconvenient

to work. These disadvantages have been pointed out in previous reports. No provision is made for refraction, massage, and dental treatment, and such cases have to be referred to the Central Clinic in Great George Street, which is a hardship on the parents and on the children particularly during inclement weather. I earnestly draw the attention of the Committee again to the difficulties under which this clinic is conducted.

Holbeck Clinic—The massage work at Holbeck Clinic is considerably hampered by the want of accommodation—more room is urgently required.

Middleton Sub-Clinic—This clinic is conducted in a small semi-detached Council house, which serves for present needs. The total number of attendances was 3,882. This figure is merged in the returns of Hunslet Clinic. As in the case of the other and larger branch clinics the largest number of cases was under the heading Impetigo and other skin diseases. The majority of the latter cases are septic sores of the limbs, which are far too common amongst elementary school children. As already mentioned both these skin conditions are the results of want of ordinary personal cleanliness. If the skin is dirty and damage is done to it by an injury, such as, a graze, microbes easily make entry and a septic sore results. These conditions are practically unknown amongst scholars of secondary schools.

The total number of attendances at the clinics for all purposes during the year was 282,060. The total number of attendances for medical purposes alone was 258,987, an increase of 7,771 over the previous year. This increase is due to a larger attendance at the Meanwood Road, Hunslet, and Burley Clinics, together with the additional number at the new East Leeds Clinic. Edgar Street heads the list with an attendance for medical purposes of 53,456, a figure which is 9,499 less than in the previous year. The East Leeds Clinic has absorbed 4,854 attendances from Edgar Street, the actual decrease at this clinic being 4,645. Although the total figure for Edgar Street is still high it is within more workable proportions than formerly, for in the year 1928 the number was 76,380; in 1927, 77,992; and in 1926, 68,904. Burley Clinic had an attendance of 39,556, or 10,293 more than in 1929, but 2,882 less than in 1928. At Meanwood Road Clinic the attendance was 38,782; Hunslet 38,243; Holbeck 41,315; East Leeds 4,854; Armley 23,227, and at the Central Clinic 19,554. The number of individual cases attending the clinics for medical purposes alone was 39,243 or 1,755 more than in the previous year. Each case thus made 6.6 attendances. The number of attendances

made for uncleanness was 5,231 or 637 less than in the previous year. Whilst this reduction is not large, it is worthy of favourable notice when considered with the figures of previous years. The number of attendances for uncleanness for 1923 was 11,057, since when there has been a steady and generally progressive annual reduction; the figures for the individual years are as follows—

1923	...	11,057	1927	...	7,363
1924	...	8,565	1928	...	6,277
1925	...	7,472	1929	...	5,868
1926	...	8,384	1930	...	5,231

Minor Ailments—Impetigo, scabies, and other skin diseases (mostly septic sores) produced 91,448 attendances, an increase of 4,317 over the previous year. The majority of these are produced by dirt and are preventable. Scabies alone produced 2,999 attendances, an increase of 1,340, this may be due to the overcrowding which still exists in many homes. Ringworm, formerly a most troublesome disease, was reduced by 2,359 fewer attendances than in 1929. This is particularly gratifying as the disease is difficult of cure and causes much absence from school. Undoubtedly the introduction of X-ray for the treatment of the disease in 1912, and the vigilance exercised in excluding such cases have had a beneficial effect upon the amount of the disease. Minor injuries accounted for 14,662 attendances or 1,787 more than in the previous twelve months, and 4,059 more than in 1926. This total points to the fact that such cases are going to the nearer clinic rather than to the more distant Infirmary or Dispensary. Attendances for the following conditions—external eye disease, heart and circulation, nervous system, non-pulmonary tuberculosis, vision and squint and defective hearing also shows a diminution in number; whilst malnutrition (vide malt and oil), nose and throat defects, ear disease, lung disease, enlarged cervical glands, rickets, deformities, miscellaneous, scholarship, camp cases, and Children's Day examinations all show an increase in the number of attendances. Ear disease accounted for 24,282 attendances or 1,535 more than in 1929. As suggested in my last report ionisation has been brought into operation for the treatment of some of these cases.

External Eye Diseases—The number of attendances made for external eye diseases was 24,771, a figure which is less than the previous year by 1,961; the number of cases was 1,990, which shows a slight increase in cases over the previous year, indicating that fewer attendances per case were made than formerly.

Skin Diseases—The new X-ray machine which replaced that installed in 1912 has undergone various improvements and adjustments in order to ensure perfect safety of application. The number of cases dealt with including those from outside areas numbered 93. The number of attendances at the clinic for this purpose was 610. The average length of time out of school was 29.7 days. The shortest period was 18 days and the longest was 62 days.

Subnormal Nutrition—The total number of attendances for subnormal nutrition was 40,081, the majority of which were for the service of Malt Extract and Cod Liver Oil. The actual number of cases during the year 1930 was 1,088; in 1929, 1,080; in 1928, 1,202; in 1927, 1,384; and in 1926, 1,360. From these figures it will be noticed that there has been a tendency towards a gradual reduction in the number of such cases during the past few years.

Nose and Throat Defects—The number of nose and throat cases discovered was 10,668. Of this number 5,381 cases needed operative or clinic treatment, whilst the remainder were referred for observation only. By reference to Table IV, Group III, it will be noticed that the number actually treated was 5,577, or 196 more than the number referred for treatment, owing to a balance of cases from 1929. Of the 5,577 cases, 317 received operative treatment under the Education Committee's Scheme, an increase of 164 cases; 1,426 received medical treatment at the School Clinics; 1,891 were reported as having had operative treatment by general practitioners or hospitals, an increase of 1,070 cases; whilst 1,943 received remedial treatment in local hospitals or by general practitioners.

The parents of children with any defect needing medical attention are notified, and recommended to obtain the necessary treatment for their children. In the case of nose and throat conditions, if after a reinspection it is found that no treatment has been obtained, the children are invited to the School Clinics for treatment. In addition to those specially invited, parents may take their children to the School Clinics on certain afternoons each week for medical advice. Here facilities are provided for the treatment, other than operative, of nose and throat defects. The more serious cases are referred for decision to the Specialist at the Central Clinic, who recommends continuance of clinic treatment or operative treatment. Operative treatment is carried out at the Public Dispensary at a fixed charge to the Committee recoverable from the parents according to the approved income scale.

The General Infirmary and the Public Dispensary dealt with 2,005 operative cases during the year. Some of the latter are included in the number ascertained by the School Medical Officers.

Of the 7,668 cases of nose and throat defects referred for treatment or observation, 3,931 were classified as conditions other than tonsils or adenoids or both. A considerable proportion of the 3,931 cases were broadly classified as nasal obstruction, rhinitis, or nasal catarrh. As a large number of these cases pass through the hands of the Committee's Aural Specialist, or the special department of the General Infirmary, diagnosis becomes more clearly defined. During the year, 1,483 cases were seen by Mr. Sharp, the Aural Specialist. Over one hundred underwent operation for sinus disease, which is an indication that this disease is more prevalent than was formerly supposed. Mr. Sharp, the Aural Specialist, has been good enough to give his views upon this important subject. He says, "Nasal sinus infection is much more common in children than is generally supposed, and is much more often the cause of general debility, chest affections, chronic coughs, and early bronchiectasis than is suspected. The majority of these cases occur in children over six years of age. The prevailing symptoms are, frequent winter colds, frontal headache and intermittent 'nasty discharge' from the nose. Many of the cases have had an earlier tonsil and adenoid operation—some more than one. The turbinals appear large, pale, and flabby, together with pus or muco pus in the inferior or middle meatus. An X-ray picture is of real value; transillumination is helpful. The sinus involved is usually the antrum of Highmore, rarely the ethmoidal cells, hardly ever the frontal. Many cases get well by simple saline treatment extending over a period of months. The child is trained to sniff warm normal saline up the nose night and morning, and to blow down without pinching the nose, repeating this process until the nostrils are free of all discharge. Similar nose drill is often indicated, and is of great benefit, after many tonsil and adenoid operations where catarrh is a marked feature. The best results from tonsil and adenoid operations cannot be expected so long as the operation continues to be regarded as one of minor importance, requiring no special skill or experience. At least 10 per cent. of tonsil and adenoid cases have sinus infection; of these, 50 per cent. get well, provided the operation is thoroughly done, the turbinals cauterised and nose drill carried out. Sinus cases of a chronic nature and those which fail to respond to conservative measures require operation. During the last twelve months rather more than one hundred cases amongst school children have required drainage through the inferior or middle meatus."

Summary of Nose and Throat Work, 1930

	Tonsils and Adenoids	Other Nose and Throat Defects	Total
Number of cases of Nose and Throat Defects referred by the School Medical Officers for treatment	2,511	2,870	5,381
Number of cases which have received operative treatment—			
By the School Medical Service	294	23	317
By General Practitioners and Local Hospitals	1,844	47	1,891
Other Forms of Treatment—			
By School Medical Service	684	742	1,426
By General Practitioners and Local Hospitals	867	1,076	1,943
Total treated*	3,689	1,888	5,577
Number of cases examined by Mr. Sharp ...	671	812	1,483
Number referred for operative treatment ...	543	79	622
Number of cases accepting treatment ...	359	38	397
Number of cases actually treated	294	23	317

* This figure includes cases referred for treatment in previous years.

Tuberculosis—In order to avoid duplication and confusion all cases of tuberculosis or suspected tuberculosis, are referred to the Tuberculosis Dispensary, where a diagnosis is made, and a report furnished to the School Medical Department.

The Tuberculosis Officer determines whether or not the child is fit for school, and makes recommendations in cases suitable for residential institutions.

Defective Vision—Provision is made for refraction treatment at the Central and six Branch Clinics, and, approximately, twenty-two sessions are given to this work each week.

Teachers are notified of children who should wear spectacles, and instructed to send home those who attend school without them. Such cases are followed up until spectacles are worn. Children who fail to obtain satisfactory treatment are excluded from school, and proceedings taken against the parents. During the year it has been necessary to take proceedings against two parents for failure to obtain treatment for defective vision.

The number of cases of individual children reported during the year to be suffering from defective vision, 6/18 or worse, or who showed signs of eye strain was 7,003, of this number 4,429 were examined by the Committee's Oculist at the School Clinic.

Spectacles were prescribed in 3,654 cases, other forms of treatment were recommended in 193 cases, and no treatment was considered necessary in 452 cases. In addition, 117 cases obtained treatment elsewhere.

Dental—The Scheme of the Committee is that all children six years of age or over, attending the Elementary and Secondary Schools of the City, should be inspected annually by the School Dental Officers, and that facilities for treatment should be provided. About sixty thousand children should, therefore, be inspected each year, but, owing to the shortage of staff, and to the greater percentage of children accepting treatment, it has only been possible during the year to examine 45,000 children. Consequently, at the present rate of working, it will take fifteen or sixteen months instead of one year to complete a dental survey of the children in the City.

The following table shows the summary of the work of the School Dental Service since 1925.

Year	No. Examined	No. Referred for Treatment	No. Accepting Treatment	No. Actually Treated	*% Actually treated to number Referred for Treatment Elementary Schools
1925	61,931	39,672	22,559	20,377	54.8
1926	56,933	33,748	19,394	17,548	54.6
1927	55,386	31,616	21,272	18,731	62.7
1928	53,162	31,470	21,787	19,693	66.9
1929	51,159	32,293	22,034	19,437	64.3
1930	45,216	29,204	22,036	19,445	71.0

*Refers to children in Elementary Schools only and includes casuals.

In 1926 the number of Dental Officers was reduced from six to five, and since that year the number of children examined has decreased, whilst the number actually treated has increased.

The opening of the new East Leeds Clinic will involve four additional half-days' work for Dental Officers to cope with casual treatments.

The greatest difficulty in connection with the dental work is to overcome the prejudice and apathy, which exists amongst parents with regard to dental treatment, and persistent efforts have been made since the commencement of the scheme to overcome this difficulty. Parents now appreciate to a much greater extent the importance of dental treatment, and any slackening of effort at this stage must be disastrous.

In the Annual Report of the Chief Medical Officer of the Board of Education for 1929, Sir George Newman states that

“The average output of the whole-time School Dental Officer has remained practically constant for a number of years, the number of children treated being approximately 2,300 yearly.” He assumes that there should be one Dental Officer for each four thousand of the school population. Sir George Newman also states that a complete school dental service “would provide for the annual inspection of every school child, and for the treatment of all who need it, and would not otherwise obtain it.”

The Dental Officers in Leeds treat 3,600 children yearly, and the average number of school children for which each Dental Officer is responsible is, approximately, 8,000. It is essential, therefore, if the service is to be maintained at the level suggested by the Chief Medical Officer of the Board of Education, that additional staff should be appointed.

The amount of work done in the clinics is extremely satisfactory, and will compare favourably with that of any other town in the country.

The importance of early dental treatment cannot be over emphasised. As dental disease is a precursor of much ill-health later in life, the habit of regular dental treatment in the children must tend eventually to improve the general health of the community.

Crippling Defects (Orthopædic)—The following is a summary of the work—

Number of children examined by the Orthopædic Surgeon—

New cases	...	...	...	...	...	276
Reinspections	...	...	...	...	...	423

Number of children recommended for—

(a) Operative treatment	...	...	...	80
(b) Surgical appliances	...	...	...	158
(c) Remedial treatment	...	...	...	121

Number of children who have been treated under the Committee's Scheme—

(a) Operative treatment	...	...	...	47
(b) Surgical appliances	...	...	...	148
(c) Remedial treatment	...	...	...	116

The total number of attendances for orthopædic treatment of all kinds during the year was ... 32,110

Number of cases sent to country hospitals... 9

Whilst the number of cases of rickets remains stationary, the number of cases of spinal curvature has increased by 49, the total number of such cases being 126. Under the heading "Other Forms of Deformities" there is diminution of 119 cases, the total this year being 1,152 as compared with 1,271 in the previous twelve months.

The late Lord Brotherton invited the cripple, blind, and deaf children of Leeds to a Garden Party and Fete at Roundhay Hall, on the 18th July 1930. The children spent a most enjoyable afternoon in spite of unfavourable weather conditions.

Push chairs, invalid chairs, and spinal carriages have been loaned to badly crippled children who would not otherwise have means available for getting into the open air.

The chairs are becoming worn out and need replacing. Although the Committee have agreed to defray the cost of repairs, unless further funds are available for the purchase of new ones, this activity of the service must be discontinued.

Artificial Sunlight Treatment—Dr. Stockwell reports—"The results of treatment by the Artificial Sunlight lamps are again very disappointing to me. The percentage of cases which show any real improvement is low, even in the eyes of the parents who expect amelioration. Although most children do show a gain in weight, this is not greater than the normal gain should be over the period of treatment, for it is to be expected that a normal child will make an appreciable increase in three months, whereas in many cases the period of treatment is longer than this. Every child is given the maximum dose as indicated photometrically; such dose being checked every week, but very few cases show either skin irritation or pigmentation, and only one or two cases have had to cease treatment owing to unfavourable symptoms. Many cases have had a second, and some a third course, in the hope of producing benefit. I am hopeful of improvement in some of the cases of rheumatism, but the results in cases of malnutrition are unsatisfactory as also are those in rickets of older children. Every child has been invited for examination three months after the conclusion of the course, and parents asked for their views without any suggestion to them whatever, and teachers also have been asked for their views, both on educational and physical points. A great number of Sunlight Installations that were in existence locally twelve months ago have either disappeared or their activities have been reduced.

The facts that so many parents fail to take advantage of treatment, and that many others fail to complete a course must be some indication of their views, and it now remains only for investigation as to possible variations of method with the present plant."

Dr. Wood reports "There seems to be no reason for altering the conclusion to which we came last year, regarding the results of the treatment by Ultra-Violet Rays. An attempt has been made to estimate the comparative values of Ultra-Violet Rays therapy alone, and Ultra-Violet Rays treatment combined with the administration of Cod Liver Oil in some form. The results may be seen in the Tables."

Sunlight Treatment, 1930

	Children having Ultra-violet Rays only	Children having Ultra-violet Rays plus other Treatment (i.e. Malt, Cod Liver Oil, Virol, etc.)
	101	86
Showing Improvement	16	15
Showing No Change ...	74	67
Showing Retrogression	4	1
No Report given ...	7	3

Sunlight Treatment Analysis, 1930

NUMBER OF CHILDREN TREATED—73 BOYS, 114 GIRLS; 187 TOTAL

NUMBER OF CHILDREN												
SHOWING IMPROVEMENT			SHOWING NO CHANGE			SHOWING RETROGRESSION			NOT REPORTED ON			
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
Weight ...	67	96	163	1	4	5	5	13	18	1	1	1
Height...	65	76	141	7	33	40				1	5	6
<i>Teachers' Views</i>												
Mental Condition ...	5	7	12	60	87	147	1	1	2	7	10	26
Physical Condition	14	16	30	53	74	127		4	4	6	20	26
<i>Parents' Views</i>												
Sleep ...	12	16	28	47	80	127				14	18	32
Appetite ...	30	36	66	29	61	90	1		1	13	17	30
Energy ...	18	28	46	42	66	108		4	4	13	16	29
General Conditions	3	33	36	55	62	117	1	2	3	14	17	31
<i>Doctors' Conclusions</i>												
General Condition	22	25	47	34	74	108	13	9	22	4	6	10
Special Condition for which treated ...	14	17	31	52	89	141	2	3	5	5	5	10

**Table showing Effect of Artificial Sunlight Treatment on
Certain Diseases or Defects, 1930**

DISEASE OR DEFECT	No. of Cases	NUMBER SHOWING IMPROVEMENT		NUMBER SHOWING NO CHANGE		NUMBER SHOWING RETROGRESSION		NO REPORT GIVEN	
		*Having Other Treatment in Addition to Artificial Sunlight	Artificial Sunlight only	Other Treatment plus Artificial Sunlight	Artificial Sunlight only	Other Treatment plus Artificial Sunlight	Artificial Sunlight only	Other Treatment plus Artificial Sunlight	Artificial Sunlight only
Rickets ...	42 (2)	6 —	4 (2)	17 —	14 —	— —	— —	— —	1 —
Malnutrition..	31 (6)	2 (1)	1 —	11 (2)	14 (3)	1 —	1 —	— —	1 —
Anæmia ..	25 (6)	1 —	3 (1)	8 (1)	11 (4)	— —	1 —	1 —	— —
Debility ..	22 (8)	2 —	1 —	10 (3)	7 (3)	— —	1 (1)	1 (1)	— —
Adenitis ..	15 (3)	3 (1)	— —	7 (2)	4 —	— —	1 —	— —	— —
Rheumatism	9 (2)	— —	1 —	2 (1)	6 (1)	— —	— —	— —	— —
Bronchitis ..	8 (3)	— —	— —	3 —	4 (3)	— —	— —	— —	1 —
Skin Diseases	6 —	— —	2 —	1 —	3 —	— —	— —	— —	— —
Pre-tubercular	2 —	— —	— —	1 —	1 —	— —	— —	— —	— —
Miscellaneous	27 (11)	1 (1)	4 (1)	7 (4)	10 (3)	— —	— —	1 —	4 (2)
	187 (41)	15 (3)	16 (4)	67 (13)	74 (17)	1 —	4 (1)	3 (1)	7 (2)

*Other treatment means in practically every case either Malt and Cod Liver Oil, Cod Liver Oil, Virol, Jecomalt, or similar "foods."

The figures in brackets represent the number who had two or more courses of treatment.

Other forms of treatment—Table IV, Group VI. This table is a return of treatment which is not specifically mentioned elsewhere in this report. As an indication that more active treatment has been carried out it is satisfactory, for 1,140 more cases, under the various headings, have received treatment, either under the Committee's Scheme or otherwise. The increases are mainly—Deformities 250; Heart and Circulation 347; Lungs 250; the number of treatments for malnutrition has fallen by 106 cases, which, again, is satisfactory as showing the lessened number of such cases. Of the total 5,507 cases treated, 2,163 were dealt with under the Committee's Scheme and 3,344 otherwise.

Many schools in the city hold classes in the playgrounds or in public parks, during suitable weather. School journeys to places of interest are encouraged, and the more recent schools are built on open air lines.

The School Camp at Windsover, near Ilkley, was open for eighteen weeks during the year. The number of children sent to the Camp was 2,280, all were medically examined before departure. A school nurse was in attendance as in previous years. Each child was weighed at the beginning and at the end of the visit. In ten cases it was necessary to call in a local medical man, whilst 256 treatments were given by the school nurses.

Plans have been approved for an Open Air School at the Lawns House estate, Farnley. The school will provide accommodation for 250 day and 50 residential scholars. The necessary buildings are in progress, and it is expected that the school will be ready for occupation about September 1931.

During the year ended 31st December 1930, 216,929 meals have been provided, as compared with 173,556 meals in 1929. **Provision of Meals**

The meals are prepared at a central kitchen, and served at centres which are visited from time to time by the School Medical Officer, who also approves the dietary.

The basis for selection is mainly on grounds of poverty, but children reported by the medical officers to be suffering from malnutrition are given special consideration.

7,661 lbs. of Malt and Cod Liver Oil were supplied.

Parents are invited to be present at the routine examination of their children in the schools. During the year 73·1 percentage of parents attended. It is found that a better response is obtained to requests for treatment when the medical officer has an opportunity of discussing the matter with the parents at the actual inspection. **Co-operation of Parents**

It is to be regretted that, in spite of the propaganda of the last twenty years, a proportion of parents still appear antagonistic to the efforts of the Medical Service, and refuse to provide the necessary treatment until pressure is applied. In sixty-one cases the parents refused to submit the children for routine examination. The majority of these parents were Christian Scientists.

In Leeds, teachers weigh, measure, and take a preliminary test of vision of all children due for routine inspection in the schools; they invite parents to the examinations, and co-operate wholeheartedly with the medical officer during the inspection; they also render effective service in connection with the following up of defects, and give special supervision to exceptional children to whom their attention is drawn by the medical officer. **Co-operation of Teachers**

As in past years, the School Enquiry Officers have worked in close co-operation with the School Medical Officers, and have **Co-operation of Enquiry Officers**

proved extremely useful in dealing with difficult parents. They also draw the attention of the school medical staff to cases of obvious deformity coming to their notice, in children under school age or too ill to attend school.

**Blind, Deaf,
and Epileptic
Children**

The arrangements outlined in previous reports for the ascertainment and examination of subnormal children have been continued.

It is now almost impossible for a child with a serious defect to escape the notice of the many officers engaged in the care of the subnormal child.

**Number of Children on Roll in Special Schools
on 31st December 1930**

SCHOOL	NUMBER ON ROLL		
	Leeds Cases	Outside Cases	Total
MENTALLY DEFECTIVE—			
Armley Special School	91	7	98
East Leeds	65	9	74
Hunslet Hall Road	52	8	60
Hunslet Lane	58	—	58
Lovell Road	65	—	65
SCHOOL FOR DEAF	43	38	81
SCHOOL FOR BLIND—			
Blind	36	65	101
Partially Blind	2	23	25
Blenheim Walk Myopic	22	1	23
Roundhay Road Myopic	71	5	76
PHYSICALLY DEFECTIVE—			
Potternewton	92	—	92

In addition the following Leeds children are in residential schools—

CRIPPLES—

Marguerite Home, Thorp Arch	...	...	...	5
Kirbymoorside	...	...	...	1
The Heritage Craft Schools, Chailey	...	...	...	1
St. Michael's Orthopædic Hospital, Clacton-on-Sea	...	...	...	1
The Children's Rest, Liverpool	...	...	...	1
The Infants' Hospital, Wyther	...	...	...	1

EPILEPTICS—

Soss Moss	...	...	...	1
Starnthwaite	...	...	...	2
Sandlebridge	...	...	...	1

MENTALLY DEFECTIVE

Besford Court	1
Allerton Priory	1

BLIND—

Sunshine Home, Southport	2
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DEAF

Boston Spa	3
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Mental Deficiency—In my report for the year 1929 there was outlined the steps taken to review the progress of the children in the Special Schools. As was then pointed out 133 children were removed from these schools as being incapable of receiving further education. For some years a greater stringency in the selection of children for admission has been maintained by the Medical Officers, which has resulted in an improved type being admitted to these schools. The number of children recommended for initial medical examination by the different head teachers varies to a considerable extent, and it does not appear as though the head teachers hold any common standard as to what really constitutes mental defectiveness. The majority of head teachers have never seen the examination for mental deficiency carried out. With a view to a better understanding of this important subject, and in order to bring to bear their valuable assistance from the educational point of view, arrangements were made towards the close of the year, whereby head teachers in turn should attend the medical examination of the children at the clinic. This scheme has been put into operation but the time of trial is too short to permit of any reliable deductions being made as to its efficacy. The general feeling, however, appears to be that the teachers appreciate the chance of learning something deeper about the actual mental output of their backward children than can be observed during ordinary school work. The allocation of a Special School to the purview of one particular Education Inspector, has also shown itself of great value, for by this means not only are the Ballard Educational Tests systematically given, but it brings the inspector more than formerly into intimate touch with the particular type of child, and the difficulties of education. In addition, their assistance to the Medical Officer in his summing up of the case is of great value. It is team work, which is recognised to be of so much importance. The total number of examinations made by the Medical Officers for the purpose of ascertainment of the mental condition of children was 709. Of this number 405 were recommended for retention in ordinary elementary schools and 180 children were certified for admission to Special Schools, a figure which is 21 less than in the previous year. There were 67 cases recommended for notification to the Control Authority, an increase of 29 cases.

Summary of Examinations for Mental Conditions 1930

	Boys	Girls	Total	%	% for 1929
Certified to continue in attendance at Ordinary Elementary Schools	240	165	405	57.1	62.1
Certified for Day Special Schools for Mentally Defective Children	112	68	180	25.4	31.2
Certified as Imbeciles*	13	9	22	3.1	7.3
Certified as Idiots	—	2	2	.3	.1
Certified as Moral Defectives... ..	—	—	—	—	.5
Excluded from school pending examination at a later date	5	3	8	1.1	.5
Certified Mentally Defective. Permission to remain in Private Schools	5	6	11	1.6	—
Certified for Residential Special School for Mentally Defective Children	1	—	1	.1	.5
Certified Mentally Defective but recommended for notification to the Mental Deficiency Act Committee*	38	29	67	9.4	5.9
Certified Mentally Defective. Allowed to continue at ordinary Elementary School, but to be kept under observation until 16 years of age	4	2	6	.8	.9
Children from other Authorities examined prior to admission to a Leeds Day Special School for Mentally Defective Children	6	1	7	1.0	1.1
TOTALS	424	285	709	...	...

*Included in the above figures are the results of examinations held in the Special Schools during the year. At such examinations 37 boys and 26 girls were certified as Feeble-minded but incapable of deriving further benefit from the instruction given in the schools, and 6 boys and 4 girls were certified as Imbeciles. In all cases their names were notified to the Local Control Authority.

Potternewton School for Cripples

Routine and special inspections of the scholars at Potternewton Park School for Cripples have been carried out as usual, the School Medical Officer paid ten visits and made 210 examinations. Of this number 52 were routine and 158 were special examinations. The number of baths given was 1,960.

After Care

Reports on the after careers of children who have attended Special Schools have been obtained.

I am indebted to the Executive Officer of the Mental Health Services Committee, for information with regard to the after

careers of children who have left the Schools for Mentally Defective Children.

An effective After Care Committee is in existence for these children, which keeps in close touch with their activities.

The children leaving the School for Blind are kept under supervision by the Blind Persons Act Committee, and information as to their occupation and wages has been obtained from the Headmaster of the School.

Of the 723 mentally defectives, 199 are employed. Of these 108 are employed in appropriate trades, whilst 19 are employed in firewood cutting, and 72 in miscellaneous work, which cannot be regarded as appropriate. The physically defectives appear to be more appropriately employed, the predominating trade being that of tailoring. The number of employed amongst the blind and deaf is much higher than in the two former categories. The percentage of employed is—

Mental defectives	...	27.5
Physically defectives	...	58.1
Blind	... ..	77.3
Deaf	... ..	62.9

Analysis of the After Careers of Children who have Left the Special Schools during 1923 to 1930 Inclusive

(A) Mentally Defective

Males

	Employed	Out of Work	Industry or Occupation Centres	In Institutions	Unemployable or useful at home	Deceased	Removed or Married	Total
Exempted cases (children exempt from school before reaching 16 years of age subject to obtaining satisfactory work)	12	—	—	—	—	—	—	12
Voluntary cases (children who left Special Schools at 16 years of age but who were not reported to require supervision)	53	3	—	8	10	1	1	76
STATUTORY CASES								
Notified under Section 2 (2) <i>b</i> (children who left Special Schools at 16 years of age who require supervision) ...	32	7	—	9	3	5	1	60
Notified under Section 2 (2) <i>a</i> (children who were dismissed from Special Schools before reaching 16 years of age as ineducable)	19	4	114	41	37	6	7	231
	116	11	114	61	50	12	12	370

Females

Exempted cases (children exempt from school before reaching 16 years of age subject to obtaining satisfactory work)	16	—	—	—	—	—	—	16
Voluntary cases (children who left Special Schools at 16 years of age but who were not reported to require supervision)	35	4	—	6	17	—	2	64
STATUTORY CASES								
Notified under Section 2 (2)b (children who left Special Schools at 16 years of age who require supervision) ...	19	6	—	11	11	—	3	50
Notified under Section 2 (2)a (children who were dismissed from Special Schools before reaching 16 years of age as ineducable)	13	4	97	39	51	6	4	214
	83	14	97	56	79	6	9	344

Total

Exempted cases (children exempt from school before reaching 16 years of age subject to obtaining satisfactory work)	28	—	—	—	—	—	—	28
Voluntary cases (children who left Special Schools at 16 years of age but who were not reported to require supervision)	85	7	—	14	27	1	3	140
STATUTORY CASES								
Notified under Section 2 (2)b (children who left Special Schools at 16 years of age who require supervision) ...	51	13	—	20	14	5	7	110
Notified under Section 2 (2)a (children who were dismissed from Special Schools before reaching 16 years of age as ineducable)	32	8	211	83	88	12	11	445
	199	28	211	117	129	18	21	723

Occupations

	Boys	Girls	Total
Clothing Trade	8	34	42
Shoemaking	4	—	4
Domestic Work... ..	1	4	5
Miner	7	—	7
Messengers	3	—	3
Firewood	18	1	19
Rug Making	7	—	7
Mills	3	9	12
Miscellaneous	53	19	72

Wages

Age at 31 12 30	MALES		FEMALES		Total
	No. of Wage Earners	Average Wage	No. of Wage Earners	Average Wage	
14	—	—	—	—	—
15	1	5/-	—	—	1
16	21	11/6	17	9/-	38
17	9	11/10	7	10/-	16
18	7	6/6	22	10/7	29
19	10	14/3	2	15/-	12
20	16	10/7	9	11/10	25
21	14	13/7	1	15/-	15
22	26	12/1	9	13/10	35
—	104	—	67	—	171

(B) Physically Defective

Report on Children who have Left the School for Physically Defective, 1926-1930 Inclusive

Year	Discharged to Ordinary Schools as Cured	Em- ployed	Out of Work	Unem- ployable	Left City	Domestic Work at Home	Total
1926	20	4	1	—	—	—	25
1927	14	5	2	2	—	—	23
1928	23	6	2	1	1	—	33
1929	11	6	2	—	3	—	22
1930	13	4	—	—	2	2	21
	81	25	7	3	6	2	124

Two children were certified as mentally defective, and have been transferred to schools for mentally defective children, and two children were transferred to Myopic centres during 1930.

Occupations

	Boys	Girls	Total
Tailoring and Dressmaking ...	3	11	14
Boot Repairing and Manufacturing ...	4	—	4
Engineering ...	1	—	1
Weaving ...	—	1	1
Laundry Work ...	—	1	1
Upholstery ...	—	1	1
Domestic Work at Home ...	—	2	2
	11	16	27

Wages

Age	Boys		Girls	
	Number	Average Wage	Number	Average Wage
14	2	10/9	—	—
15	1	15/-	4	7/6
16	—	—	2	7/6
17	2	12/3	2	21/-
18	2	19/-	4	16/6
19	2	18/-	—	—

In five instances an accurate statement of the earnings could not be obtained, but all were reported to be doing well. The average weekly earnings of boys are 15 -, exactly the same as last year, and of girls 12 9 as compared with 15 10 last year.

(C) Blind

Report on Children who have Left the School for Blind Children,
1926-1930 Inclusive

Year	Employed	Unem- ployable	Collegiate Training	Total
1926	6	—	—	6
1927	4	1	1	6
1928	2	1	1	4
1929	3	—	1	4
1930	2	—	—	2
	17	2	3	22

Occupations

	Boys	Girls	Total
Basket-work, Chair-caning and Knitting ...	—	8	8
Basket-work	4	—	4
Piano-tuning	1	—	1
Brush-making	3	—	3
Mat-making	1	—	1
Further training at Worcester College ...	3	—	3

Wages

Age	Boys		Girls	
	No.	Average Wages	No.	Average Wages
16	—	—	2	10/-
17	1	13/-	1	13/-
18	2	14/6	1	16/-
19	3	14/2	1	16/-
20	3	20/8	3	16/-

(D) Deaf

Report on Children who have Left the School for Deaf Children,
1926-1930 Inclusive

Year	Em- ployed	Out of Work	Further Training	At Home	De- ceased	Married	In Mental Institu- tions	Discharged to Ordinary School (Sufficient Hearing)	Total
1926	4	—	—	—	1	—	—	—	5
1927	6	1	—	—	—	—	—	—	7
1928	1	1	—	—	—	—	—	—	2
1929	7	2	1	1	—	1	—	1	13
1930	4	3	1	—	—	—	1	—	9
	22	7	2	1	1	1	1	1	30

Occupations

	Boys	Girls	Total
Tailoring	1	10	11
Domestic Work	—	1	1
Upholstering	2	—	2
Blouse Making	—	2	2
Cabinet-making... ..	3	—	3
Shirt-making	—	1	1
Brush-making	1	—	1
Further training at Manchester	2	—	2
Rope-making	—	1	1
	9	15	24

Wages

Age	Boys		Girls	
	No.	Average Wages	No.	Average Wages
16	1 (apprentice)	6/-	3	13/-
17	3 1 (apprentice)	14/6 8/-	3	10/-
18	1 (apprentice)	12/-	—	—
19	1	25/-	5	23/-
20	—	—	4	22/-

The work of the School Medical Officers has two aims, firstly the promotion of the health of the scholar, so as to fit him to absorb education applicable to his needs and, secondly, to see that when about to leave school, his health is such as will carry him well into the years of adolescence, in other words, to fit him for occupation.

**Employment
of Children**

In accordance with powers given by the Employment of Children Act, 1903, and the Education Act, 1918, the Leeds City Council in July 1920 made new By-laws for regulating the employment of children. These By-laws prescribe the age at which children may be employed during school life, the number of hours which a child may work, and the nature of the employment. One of the conditions on which employment during school life is allowed is that it shall not be detrimental to the health of the child. All applicants, therefore, are medically examined by the School Medical Officers. Permits are withheld in those cases where it is found that a defect is likely to be aggravated, or where the work is unsuitable.

The number of children examined was 747. For further particulars see appendix C.

During the year 52 examinations or re-examinations were made for the purpose of certifying children for the stage.

When children are routine examined at the leaving age, the Medical Officers complete a certificate as to the nature of the employment most suitable for the child, namely—

Suitable for Any Employment

Outdoor Employment

Light Employment, i.e., clerical work, etc.

These certificates are retained by the teachers until the children leave school when they are handed to them so that they may be produced to the Factory Surgeon or Juvenile Employment Bureau. It is of the utmost importance that these certificates be handed over by the teachers as they form an important link between the School Medical Service and the employing agency.

Special Examinations

The following special examinations have been carried out by the medical officers during the year—Examinations under the Local Government and other Officers Superannuation Act, 1922; examination of candidates for scholarships; examination of children employed during school hours; examination of children for licences to take part in public entertainments, and of those proceeding to the School Camp at Ilkley.

Respiratory Disease and Altitude of Schools

Since the year 1925, an attempt has been made to ascertain whether the children attending lower lying schools are more affected by respiratory disease than those attending higher altitude schools. The return for each annual period indicates that the children in the lower lying schools are more adversely affected by bronchitis and other lung conditions than those attending the schools of a higher altitude. The returns for the past year also bear out this conclusion, for the total number of chest defects found in children attending low lying schools was 114 as compared with 32 at the higher altitude schools, the percentage of defects to the number of children examined being 9.2 as compared with 2.5. The number of cases of tuberculosis of lungs was 4 in the lower and 2 in the higher altitude schools; suspected tuberculosis was also double in the lower lying schools as compared with the higher.

As these returns now extend over a period of six years, the results are of considerable import as showing the greater prevalence of respiratory diseases in the lower lying districts.

Weights

As the numbers of children weighed at the ages of five, eight, and twelve years are considerable and are greater than at any other individual age period, comparison can with advantage be made at each of these periods and with the standard adopted,

Table showing Relation between Altitude and Diseases of the Lungs

Year	Type	No. of Children Examined	Definite T.B. Lungs		Suspected T.B. Lungs		Bronchitis		Other Lung Diseases		Total	Per cent. of Defects to No. of Children Seen
			No. of Defects Found	No. of Defects Referred for Treatment or Observation	D	T or O	D	T or O	D	T or O		
1925	Low Altitude	952	1	1	2	2	83	30	16	10	102	10.7
	High Altitude	952	—	—	2	2	77	55	10	8	80	9.4
1926	Low Altitude	902	1	1	—	—	174	141	9	5	184	20.4
	High Altitude	841	—	—	—	—	46	32	9	7	55	6.6
1927	Low Altitude	1,643	5	5	1	1	145	94	12	10	163	6.9
	High Altitude	1,955	2	2	3	3	55	27	17	14	77	4.7
1928	Low Altitude	1,812	4	4	5	5	198	127	17	16	224	11.8
	High Altitude	1,723	1	1	—	—	204	49	12	9	217	12.6
1929	Low Altitude	1,278	2	2	3	3	201	84	14	10	220	17.2
	High Altitude	1,380	—	—	—	—	36	19	7	6	43	3.1
1930	Low Altitude	1,240	4	4	2	2	90	74	12	11	114	9.2
	High Altitude	1,278	2	2	1	1	22	18	7	5	32	2.5

namely, that of artisan towns of 1883; also with other groups of elementary school children taken at earlier periods.

At the age of five years the average weight for 1930 for both sexes, is just in excess of that of the previous year, being 40.2 lb. for boys and 38.9 lb. for girls. These children are however .7 and 1.4 lb. respectively lighter than the standard average; a difference which is very slight. They appear to be approaching year by year more closely to the average of the country, which is of importance. Since the year 1913 the boys of this group have made an average gain of 2.4 lb. and the girls 2.2 lb. in weight. An analysis of the weights of the age group back to the year 1909 is particularly interesting, for it may be seen that whilst both boys and girls were much below the standard weights at that time, there was no increase until well after the war period. The boys began a gradual increase in average weight in 1922; the girls in 1919, but they fell off somewhat in 1923, since when they have maintained a steady increase. At the age of eight years the boys are .2 and the girls .3 lb. heavier than in the previous year; whilst the boys are .5 lb. under the country's standard the girls are .2 lb. in excess of that standard, which is highly satisfactory. At the age of twelve years, whilst the boys are .6 lb. and the girls .8 lb. under the average for the previous year, they are both over the standard average for the country; the boys being 74.2 lb. and the girls 75.9 lb. in average weight as compared with the standard average of 73.0 and 74.9 lb. respectively. In this case also there has been a marked increase over the low standards of former years. In the year 1910 the boy of thirteen of the poorer class of school was no less than 9 lb. under weight.

Referring to the subject of weight in the annual report of 1911, the following words were used—"The age of thirteen, however, is the one which gives rise to the most serious reflection, for not only is the Leeds average much below the country, but there is not a single class of School equal to the country generally. The Suburban children approach but do not reach the average." "We find that the Leeds boys are 9.2 lb. and the girls 11.3 lb. less in weight than the average for the country." Reference was also made in this and other reports as to the causes of the shortage of weight and the dangers liable to arise. It should be a matter of congratulation to the parents that the weights of the children are now normal, and that the physical improvement has been so marked.

Heights

At the ages of five and thirteen years the heights are well above the standard, which is most satisfactory.

An analysis of the results of the findings at routine medical inspections by eight Medical Officers in Leeds shows a variation of from 10% to 51% in the number of children reported to be of subnormal nutrition. This variation may be peculiar to Leeds but if similar differences exist throughout the country, the value of the summarised findings must be considerably discounted.

For some years, the Deputy School Medical Officer, Dr. George E. St. Clair Stockwell, has been conducting investigations with a view to devising some simple means of assessing the nutrition of any child at the routine inspections, and during 1930, the records of over 10,000 school children between the ages of 5 and 14 years have been investigated.

Dr. Stockwell reports as follows

“To assess nutrition on weight for age or height for age alone is not satisfactory. In a series of less than two hundred cases, at six years of age, a variation in height of six inches, and in weight of 22 lb., has been noted. As we know a tall child may be the normal weight for his age and yet be of subnormal nutrition.

It may be that the individual variation is increased because of the failure of the medical inspectors to differentiate between “physique” and “nutrition.”

Efforts to assess nutrition scientifically have been made in the past, and in Sir George Newman's report on the health of school children for 1912, the following formula for estimating the “Nutritional Index” was given—

$$\text{Index} = \frac{100^3 \sqrt{\text{weight in kilogrammes}}}{\text{height in centimetres.}}$$

The difficulties in the use of this are—

- (1) Children are weighed and measured in pounds and inches, and not in kilogrammes and centimetres.
- (2) The necessity of carrying a large number of cube roots already worked out.
- (3) The time taken to work out the equation is too long for Medical Inspectors at a routine inspection.

It has been said that a normal man of six feet should weigh 12 stones, or that a man should weigh 2 stones for every foot of his height. This may, or may not be, a scientific fact, but, working on this line, the weight in pounds per inch of height of a very considerable number of children has been calculated for practically

each month of age from 5 years to 14 years. We have termed this figure the "Nutritional Quotient," the formula being—

$$\text{N.Q.} = \frac{\text{Weight in pounds to nearest quarter}}{\text{Height in inches to nearest quarter.}}$$

height being full standing height without boots and weight taken in ordinary indoor clothing without boots.

In Dr. Wear's report for the year 1927, certain findings in this respect were published.

Since then further observations have been made, but not systematically till last year, when nutritional quotients for over 10,000 school children between the ages of 5 years and 14 years have been worked out as a check on the 1927 figures.

These quotients have been the subject of statistical investigation, and the following points are worthy of notice—

- (1) By far the greatest number of quotients occur in the age groups 5, 8, and 12. These, of course, are the ages at which "routine medical inspection" usually takes place.
- (2) The numbers in the age groups other than 5, 8, and 12, are undoubtedly small, and in this connection it should be noted (*a*) that children who attend school before the compulsory age of 5 years are likely to be above normal, as the ailing child is kept at home, (*b*) that children examined at ages 9, 10, and 11 are mostly those specially referred on account of some potential or actual defect, and consequently, in many cases, are subnormal children.
- (3) The plotting of the yearly averages for the various age groups reveals the fact that there appears to be a high degree of correlation between age and average nutritional quotient. The graph of the three critical age groups, 5, 8, and 12, appears to lie almost in a straight line. Such a line, however, fitted to all ages from $5\frac{1}{2}$ to $12\frac{1}{2}$, gives the following results—

$5\frac{1}{2}$ years	...	...	·94
$6\frac{1}{2}$ "	...	...	1·00
$7\frac{1}{2}$ "	...	...	1·06
$8\frac{1}{2}$ "	...	...	1·12
$9\frac{1}{2}$ "	..	...	1·18
$10\frac{1}{2}$ "	...	...	1·24
$11\frac{1}{2}$ "	...	...	1·30
$12\frac{1}{2}$ "	...	...	1·36

- (4) Though the yearly difference given above is .06, the actual figures for any given month may exceed two or three times this difference, i.e. the nutritional quotients of children the same age (to the nearest month) may show a difference of more than the yearly difference between ages. In other words, whilst there appears to be accuracy about the means, dispersion in any group is very wide—recently two boys of the same age ($12\frac{1}{2}$ years) were seen whose nutritional quotients were 1.12 and 2.34, whilst the average nutritional quotient as given above is 1.36.”

Further research on these lines is being carried out. The establishment of a nutritional index of a simple nature will do much in the ascertainment of the child of subnormal nutrition. Thanks are extended to Sir George Newman and Professor Major Greenwood, of the Ministry of Health, and Mr. J. Mounsey, of the Leeds College of Commerce, for valuable criticism and help in this connection.

The arrangements for the supply of milk to school children **Supply of Milk** have been continued in accordance with the scheme of the Committee, details of which appear in the report for 1929.

Since the establishment of the scheme, 3,494,019 bottles of milk have been supplied. During the year ended 31st December 1930, 2,149,336 bottles were supplied; of this number 187,005 bottles were provided free of charge to necessitous children. The total cost of the milk supplied during the year was £8,955 11s. 4d.; of this amount £8,176 7s. 7d. was contributed by the parents, and the cost to the Committee for milk supplied to necessitous children was £779 3s. 9d.

When the scheme was commenced in September 1929, it was taken up enthusiastically in practically all the schools of the city, and in that month 29,775 children took the milk; this number was reduced to 9,565 in July 1930. The reasons for the decrease were investigated, when it was found that the greatest decreases had occurred in senior boys' and senior girls' schools. In infants' schools, where the supply is most important, the position had been better maintained.

Enquiries were made from representative teachers as to any reasons they could suggest for the decrease. Their replies showed the reasons in the following order—

- (1) The novelty has worn off.
- (2) Financial grounds.
- (3) It spoils the children's dinners.
- (4) Summer not as favourable as Winter.
- (5) The scare caused by the incident at the Roundhay Schools.
- (6) Milk disagrees with some children.

It was decided to undertake propaganda with a view to increasing the number of children taking milk, and the following steps have been taken—

- (1) The attention of teachers has been drawn to the allegation that taking milk spoils the children's dinners, and the teachers were asked to use their discretion as to time at which the milk should be taken.
- (2) The teachers were asked to give lessons on the value of milk, and, for their assistance, demonstration cards illustrating lessons, notes for the guidance of teachers, and a book on the value of milk were issued to the schools. In addition, leaflets were given out in each school for the children to take home to their parents.

The leaflets and other materials were supplied free of charge by the National Milk Publicity Council, who also arranged for a lecturer to visit Leeds and give two lectures to teachers on methods of demonstrating the value of the milk. As a result of this propaganda the number of children taking milk had increased to 12,273 in December, 1930.

All children who have taken milk six months or more during the year have been weighed by the School Nurses, and their weight compared with the average weight of children of the same sex and age in the city in 1928.

In the following table it will be noticed that at each year of age, from 5 to 12 years, the milk takers are heavier than the non-milk takers, except the boys of 11 years and the girls of 12 years. It may also be noticed that any such advantage is a substantial one varying up to 4·6 lb. At the age of 5 years the milk taking boys are 2·7 lb. and the girls 2·6 lb. heavier than the non-milk takers. The greatest difference is at the age of 9 years where the milk takers are 4·4 and 4·6 lb. respectively heavier than the standard. In any consideration of such comparisons it has to be borne in mind that many of those children would not be taking milk unless there was some physical need for it, so that we may assume that a certain number were delicate children. This fact enhances the value of the various differences in weight, and may possibly account for the slight reduction in average weight at the ages of 11 and 12 years, particularly as the numbers available are small at both these ages.

The conclusion which may be drawn is that, generally speaking, milk has proved of benefit to the children.

Average Heights and Weights of Children who have taken Milk continuously for six months or more

Age		CHILDREN HAVING MILK CONTINUOUSLY SIX MONTHS OR MORE			AVERAGE FOR ALL ELEMENTARY SCHOOL CHILDREN 1928*		
		No.	Average Height inches	Average Weight lbs.	No.	Average Height inches	Average Weight lbs.
3	Boys	28	37.7	36.0	627	37.1	33.3
	Girls	25	37.1	33.7	592	36.6	32.1
4	Boys	115	39.7	38.4	1,252	39.2	36.9
	Girls	110	39.7	37.5	1,111	38.9	35.4
5	Boys	206	42.3	42.4	1,806	41.4	39.7
	Girls	309	41.8	41.1	1,915	41.0	38.5
6	Boys	327	44.1	46.4	506	43.5	43.4
	Girls	363	43.9	45.1	510	43.3	41.9
7	Boys	311	46.0	50.1	261	46.1	48.3
	Girls	325	46.0	49.7	261	45.8	47.4
8	Boys	319	48.2	55.8	3,662	48.0	53.4
	Girls	345	48.1	54.0	3,446	47.7	51.2
9	Boys	376	50.4	60.6	456	49.1	56.2
	Girls	383	50.2	58.8	449	48.7	54.2
10	Boys	353	52.5	66.4	88	52.2	64.8
	Girls	415	52.1	64.3	72	51.8	62.1
11	Boys	191	53.1	68.7	94	53.6	68.8
	Girls	204	53.3	69.4	79	54.0	68.4
12	Boys	122	55.6	76.4	2,656	55.0	74.5
	Girls	126	55.3	74.9	2,644	55.5	70.3
13	Boys	101	57.1	78.6	464	55.7	78.6
	Girls	84	57.4	77.9	498	57.2	81.9
14	Boys	7	58.0	84.4	22	58.3	87.9
	Girls	8	58.4	85.3	16	59.8	90.3

*The year before Milk was introduced.

The arrangements for the Health Competitions in connection **Children's Day** with Children's Day were continued in 1930.

The following competitions were open—

(1) Healthy Children's Competition for the following classes—

- (a) Babies up to six months.
- (b) Babies six to twelve months.
- (c) Children between one and two years of age.
- (d) Children between two and three years of age.

(2) Dental Competitions

Prizes were offered to boys and girls between twelve and fourteen years of age; also to boys of ten and eleven years of age, in each school department, with the best cared-for teeth.

Both competitions proved extremely popular. There were 1516 entries for the Healthy Children's Competitions, and 120 school departments took part in the Dental Competitions. Two hundred silver spoons were awarded to the winners of the Healthy Children's Competitions, and individual prizes were given for the winners of the Dental Competitions.

Nursery School

There were 49 routine medical examinations carried out at the Nursery School, as compared with 28 in 1929. The number of defects found was 95, or 1.9 defects per child, a figure which bears favourable comparison with that of the previous year, namely, 2.6. The number of defects referred for treatment was 15 only. The largest number of defects found was under the heading enlarged glands, the whole of these were trivial, as none were referred for treatment or even observation. Enlarged tonsils, nose and throat, and respiratory defects also predominate, 12 of the latter being referred for treatment or observation, whilst 11 nose and throat cases were also referred. The proportion treated for the various complaints to the number recommended treatment is smaller than it should be. For instance, under the heading "Heart and Circulation," two cases were referred for treatment, but neither received treatment; "Other Skin Diseases," 12 cases were referred for treatment, only 9 of which received treatment. These children are at the age when treatment is so necessary in preparing them for entrance to the Infant School.

Grove Nursery School—Summary of Routine Examinations

No. of Children Examined	No. of Defects Found	No. of Defects Referred for Treatment	No. of Defects Referred for Observation	No. of Children with Defects	No. of Children Referred for Treatment	No. of Children Referred for Observation	No. of Children without Defects
49	95	15	9	41	10	5	8

Summary of Defects Found at Routine Examinations and Re-inspections

Diseases or Defects	No. of Defects Found	No. of Defects referred for		*No. of Defects Treated			* Under Observation not yet Treated
		Treat-ment	Observa-tion	L.E.A.	Hosp.	Other wise	
Enlarged Tonsils ...	29	6	2			1	3
Tonsils and Adenoids...	2	2	—	—	1	—	2
Nose and Throat ...	14	6	5		1	3	6
Heart and Circulation	2	2	—			—	2
Enlarged Glands ...	30	—	—			—	—
Nutrition ...	6	2	—	—	—	—	2
Impetigo ...	2	2	—	2	—	—	—
Other Skin Diseases ...	13	12	—	9	—	—	—
T.B. (Non-Pulmonary)		—	—	—	—	—	—
Rickets...		—	—	—	—	1	—
Respiratory ...	14	7	5	—	—	12	2
Ear Defects ...	2	2	—	—	—	1	—
Miscellaneous ...	31	19	2	10	1	7	2
Total ...	115	58	10	21	3	25	19

*Included under these Heads are defects found in 1929 which were treated in 1930 or are still under observation.

Lectures are given to students of the City of Leeds Training Miscellaneous
College, and the Leeds University, in connection with the school
medical work. Arrangements are also made for medical officers
taking the examination of the Diploma in Public Health, and for
nurses taking the Health Visitors' Certificate, to attend the school
clinics to see the work of the school medical service.

As in previous years a good deal of work remains incompletd, Conclusion
and has, therefore, to be carried forward to the following year.
During the year under review, whilst routine and other ordinary
classes of work are up to date, some of the special departments
are considerably behind. The outstanding matters are refraction,
nose and throat diseases, and particularly dental defects. The
outstanding dental work is in part accounted for by the increased
number of acceptances by the parents of the treatment offered,
and by the opening of the new clinic at East Leeds. To cope
with the increased volume of dental work at the clinics, another
Dental Officer is required.

An urgent need is the provision of a properly equipped and
up-to-date clinic, in substitution for the two-roomed clinic at
Meanwood Road School, where the accommodation restricts the
work to the simpler forms of treatment and places hardship upon
the parents and children who have to travel to the Central Clinic
for specialised treatment, such as, refraction, massage, and nose
and throat work.

The completion of the alterations and additions to Lawns House, the Open Air School, which are now in progress, will provide opportunities for effective treatment, combined with education which is so desirable for the pre-tubercular and delicate children.

I am,

Ladies and Gentleman,

Your obedient servant,

ALGERNON WEAR

March 1931

School Medical Officer

STATISTICAL TABLES

TABLE I

Return of Medical Inspections

A—Routine Medical Inspections

NUMBER OF CODE GROUP INSPECTIONS—

Entrants	...	...	...	...	...	...	...	7,554
Intermediates	...	...	...	...	...	...	...	6,641
Leavers	...	...	...	...	...	...	...	4,058
TOTAL								18,253

NUMBER OF OTHER ROUTINE INSPECTIONS 2,362

B—Other Inspections

NUMBER OF SPECIAL INSPECTIONS	...	...	...	...	27,233
NUMBER OF RE-INSPECTIONS	...	...	...	...	39,060
TOTAL					66,290

TABLE II
A—Return of Defects Found by Medical Inspection
in the Year ended 31st December 1930

Defect or Disease	Routine Inspections		Special Inspections	
	Number of Defects		Number of Defects	
	Requiring Treatment	Requiring to be kept under Observation but not Requiring Treatment	Requiring Treatment	Requiring to be kept under Observation but not Requiring Treatment
MALNUTRITION	955	449	1,090	—
UNCLEANLINESS (See Table IV, Group V)	—	—	—	—
SKIN—				
Ringworm—Scalp	5	1	497	—
Body	19	—	310	—
Scabies	6	—	325	—
Impetigo	92	7	2,323	—
Other Diseases (non-Tuberculous)	322	163	8,405	—
EYE—				
Blepharitis	137	28	565	—
Conjunctivitis	55	6	632	—
Keratitis	—	—	—	—
Corneal Opacities	7	2	12	—
Defective Vision (excluding Squint)	1,977	767	4,761	2
Squint	216	98	49	1
Other Conditions	43	21	781	—
EAR—				
Defective Hearing	402	98	122	2
Otitis Media	115	8	1,075	—
Other Ear Diseases	237	17	770	—
NOSE AND THROAT—				
Enlarged Tonsils only	794	1,075	209	—
Adenoids only	86	15	97	—
Enlarged Tonsils and Adenoids	590	136	735	—
Other Conditions	1,822	1,061	1,048	1
ENLARGED CERVICAL GLANDS (Non-Tuber.)	169	253	300	—
DEFECTIVE SPEECH	19	68	1	1
TEETH—				
Dental Diseases (See Table IV, Group IV)	—	—	—	—
HEART AND CIRCULATION—				
Heart Disease—Organic	77	28	359	—
Functional	62	188	7	1
Anæmia	107	69	157	—
LUNGS—				
Bronchitis	450	332	72	1
Other Non-Tuberculous Diseases	52	76	7	—
TUBERCULOSIS—				
Pulmonary—Definite	19	13	26	—
Suspected	14	7	110	—
Non-Pulmonary—Glands	23	8	14	—
Spine	1	—	—	—
Hip	2	—	—	—
Other Bones and Joints	5	1	12	—
Skin	7	1	1	—
Other Forms	2	3	—	—
NERVOUS SYSTEM—				
Epilepsy	9	10	18	—
Chorea	18	3	28	—
Other Conditions	94	140	31	—
DEFORMITIES—				
Rickets	180	30	543	—
Spinal Curvature	43	6	83	—
Other Forms	918	370	234	—
OTHER DEFECTS AND DISEASES	880	1,385	5,377	11

B—Number of Individual Children Found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases)

GROUP	Number of Children		Percentage of Children found to require Treatment
	Inspected	Found to Require Treatment	
CODE GROUPS—			
Entrants	7,554	2,473	32.7
Intermediates	6,641	2,472	37.2
Leavers	4,058	1,309	32.3
Total (Code Groups)	18,253	6,254	34.3
Other Routine Inspections	2,362	866	36.7

TABLE III

Return of All Exceptional Children in the Area 1930

			Boys	Girls	Total
BLIND (including partially blind)	(1) Suitable for training in a School or Class for the Totally Blind	Attending Certified Schools or Classes for the Blind	19	17	36
		Attending Public Elementary Schools	—	—	—
		At other Institutions	1	1	2
		At no School or Institution	—	—	—
	(2) Suitable for training in a School or Class for the Partially Blind	Attending Certified Schools or Classes for the Blind	45	50	95
		Attending Public Elementary Schools	10	15	25
DEAF (including deaf and dumb and partially deaf)	(1) Suitable for training in a School or Class for the Totally Deaf or Deaf and Dumb	Attending Certified Schools or Classes for the Deaf	23	20	43
		Attending Public Elementary Schools	—	1	1
		At other Institutions	3	—	3
		At no School or Institution	—	—	—
	(2) Suitable for training in a School or Class for the Partially Deaf	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	—	—	—
MENTALLY DEFECTIVE	Feeble-minded Cases not notifiable to the Local Control Authority	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Notified to the Local Control Authority during the year	Attending Certified Schools for Mentally Defective Children	203	128	331
		Attending Public Elementary Schools	48	31	79*
EPILEPTICS	Suffering from Severe Epilepsy	At other Institutions	18	17	35
		At no School or Institution	3	1	4
	Suffering from Epilepsy which is not severe	Feeble-minded	49	31	80
		Imbeciles	7	6	13
		Idiots	—	2	2
		Attending Certified Special Schools for Epileptics	2	1	3
PHYSICALLY DEFECTIVE	Infectious Pulmonary and Glandular Tuberculosis	In Institutions other than Certified Special Schools	1	3	4
		Attending Public Elementary Schools	—	—	—
		At no School or Institution	8	1	9
	Non-infectious but Active Pulmonary and Glandular Tuberculosis	Attending Public Elementary Schools	14	19	33
		At no School or Institution	—	—	—
	Delicate Children (e.g., pre or latent Tuberculosis, Malnutrition, Debility, Anæmia, etc.)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
	Active non-Pulmonary Tuberculosis	At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Crippled Children (other than those with Active Tuberculous Disease), e.g., Children suffering from Paralysis, etc., and including those with severe Heart Disease	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	22	16	38
		At Certified Residential Open-air Schools	—	—	—
		At Certified Day Open-air Schools	—	—	—
		At Public Elementary Schools	247	190	437
		At other Institutions	—	—	—
		At no School or Institution	27	23	50
		At Certified Residential Open-air Schools	—	—	—
		At Certified Day Open-air Schools	—	—	—
		At Public Elementary Schools	221	214	435
		At other Institutions	9	11	20
		Attending Certified Day Cripple School	—	1	1
		At no School or Institution	9	8	17
		At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	9	5	14
		At Public Elementary Schools	27	23	50
		At other Institutions	6	1	7
		At Certified Day Cripple School	15	14	29
		At no School or Institution	10	13	23
		At Certified Hospital Schools	5	1	6
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple School	37	25	62
		At Public Elementary Schools	292	305	597
		At other Institutions	5	—	5
		At no School or Institution	19	18	37

* This number includes 11 children recently certified and awaiting admission on the commencement of the new Term.

TABLE IV
Return of Defects Treated during the Year ended
31st December 1930

Treatment Table

Group I—Minor Ailments (excluding Uncleanliness, for which see Group V)

DISEASE OR DEFECT	NUMBER OF DEFECTS TREATED, OR UNDER TREATMENT, DURING THE YEAR		
	Under the Authority's Scheme	Otherwise	Total
SKIN—			
Ringworm—Scalp	467	35	502
Body	338	21	359
Scabies... ..	271	57	328
Impetigo	2,318	94	2,412
Other Skin Diseases	8,326	370	8,696
MINOR EYE DEFECTS (External and other, but excluding cases falling in GROUP II)	1,931	231	2,162
MINOR EAR DEFECTS	1,945	627	2,572
MISCELLANEOUS (e.g. minor injuries, bruises, sores, chilblains, etc.)	3,306	4,087	7,393
TOTAL	18,902	5,522	24,424

Group II—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I)

DEFECT OR DISEASE	NUMBER OF DEFECTS DEALT WITH			
	Under the Authority's Scheme	Submitted to Refraction by Private Practitioner or at Hospital apart from the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint)	4,429	60	57	4,546
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	29	—	—	29
TOTAL ..	4,458	60	57	4,575

Total number of Children for whom spectacles were prescribed—

(a) Under the Authority's Scheme 3,654
 (b) Otherwise 112

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme 4,392*
 (b) Otherwise 112

* Includes alterations to lenses and spectacles without further refraction.

TABLE IV—continued

Group III—Treatment of Defects of Nose and Throat

NUMBER OF DEFECTS				
Received Operative Treatment			Received other Forms of Treatment	Total Number Treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital apart from the Authority's Scheme	Total		
317	1,891	2,208	* 3,369	5,577

* This total includes 1,426 cases treated at the School Clinics.

Group IV—Dental Defects

(1) Number of Children who were —

(a) Inspected by the Dentist

Aged:		No.		
Routine Age Groups	5	...	786	Total
	6	...	4,628	
	7	...	5,413	
	8	...	5,709	
	9	...	6,242	
	10	...	6,250	
	11	...	3,895	
	12	...	3,547	
	13	...	4,001	
	14	...	872	

Specials 6,418

GRAND TOTAL ... 47,761

(b) Found to Require Treatment	...	...	...	26,811
(c) Actually Treated	...	...	...	19,049
(d) Re-treated during the year as the result of periodical examination	...	...	...	10,074

(2) Half-days devoted to Inspection	...	...	...	390
Treatment	...	...	...	1,331
				1,721

(3) Attendances made by Children for Treatment	22,105
--	-----	-----	--------

(4) Fillings—Permanent Teeth	...	...	...	8,393
Temporary Teeth	...	...	...	6
				8,399

(5) Extractions—Permanent Teeth	...	...	...	5,512
Temporary Teeth	...	...	...	28,874
				34,386

(6) Administrations of General Anaesthetics for Extractions	...	14,877
---	-----	--------

(7) Other Operations—Permanent Teeth	...	...	...	545
Temporary Teeth	...	...	...	30
				575

TABLE IV—continued

Group V—Uncleanliness and Verminous Conditions

(1) Average Number of Visits per School made during the year by the School Nurses	38
(2) Total number of Examinations of Children in the Schools by School Nurses	169,422
(3) Number of Defects discovered by School Nurses	14,858
(4) Number of Children cleansed under arrangements made by the Local Education Authority	1,541
(5) Number of Cases in which legal proceedings were taken—	
(a) Under the Education Act, 1921	60
(b) Under School Attendance By-laws	73

Group VI—Other Forms of Treatment

DISEASE OR DEFECT	NUMBER OF DEFECTS TREATED OR UNDER TREATMENT DURING THE YEAR		
	Under the Authority's Scheme	Otherwise	Total
Rickets	510	159	669
Deformities	269	509	778
Heart and Circulation*...	111	721	832
Lungs	1	1,093	1,094
Malnutrition	1,074	351	1,425
Other Defects	198	511	709
TOTAL	2,163	3,344	5,507

* These cases are kept under observation and inspected from time to time.

TABLE V

HIGHER EDUCATION

A—Return of Defects Found by Medical Inspection in the Year ended 31st December 1930

DEFECT OR DISEASE	No. of Defects Requiring Treatment	No. of Defects to be kept under Observation but not Requiring Treatment
MALNUTRITION	3	5
SKIN—		
Ringworm—Scalp	—	—
Body	—	—
Scabies	—	—
Impetigo	2	—
Other Diseases (non-Tuberculous)	15	17
EYE—		
Blepharitis	3	2
Conjunctivitis	1	—
Keratitis	—	—
Corneal Opacities	—	—
Defective Vision (excluding Squint)	215	70
Squint	6	2
Other Conditions	2	—
EAR—		
Defective Hearing	13	3
Otitis Media	2	—
Other Ear Diseases	10	3
NOSE AND THROAT—		
Enlarged Tonsils only	34	21
Adenoids only	3	1
Enlarged Tonsils and Adenoids... ..	12	2
Other Conditions	63	23
ENLARGED CERVICAL GLANDS (non-Tuberculous)	6	10
DEFECTIVE SPEECH	—	2
TEETH—Dental Diseases (<i>See</i> Table VI)	—	—
HEART AND CIRCULATION—		
Heart Disease—Organic	10	3
Functional	4	20
Anæmia	—	4
LUNGS—		
Bronchitis	4	3
Other Non-Tuberculous Diseases	2	2
TUBERCULOSIS—		
Pulmonary—Definite	—	—
Suspected	—	—
Non-Pulmonary—Glands	—	—
Spine	—	—
Hip	—	—
Other Bones and Joints	—	1
Skin	—	—
Other Forms	—	—
NERVOUS SYSTEM—		
Epilepsy	1	—
Chorea	1	—
Other Conditions	3	10
DEFORMITIES—		
Rickets	—	—
Spinal Curvature	17	3
Other Forms	117	25
OTHER DEFECTS AND DISEASES	32	63

B—Number of Individual Children Found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases)

NUMBER OF CHILDREN		Percentage of Children found to Require Treatment
Inspected	Found to Require Treatment	
1,694	465	27.4

TABLE VI

HIGHER EDUCATION

Dental Defects

(1) Number of Children who were—

(a) Inspected by the Dentist—

		Aged :	No.		
Routine Age Groups	{	5	...	24	Total 3,873
		6	...	50	
		7	..	62	
		8	...	63	
		9	...	145	
		10	...	175	
		11	...	330	
		12	...	525	
		13	...	692	
		14 & Over		1,807	
Specials	—
GRAND TOTAL				...	3,873

(b) Found to require treatment 2,393

(c) Actually treated 396

(d) Re-treated during the year as the result of periodical examination 296

(2) Half-days devoted to Inspection	...	...	...	38	
Treatment	...	...	...	134	172

(3) Attendances made by Children for treatment 908

(4) Fillings—Permanent Teeth	...	...	...	1,103	
Temporary Teeth	...	...	...	2	1,105

(5) Extractions—Permanent Teeth	...	...	...	246	
Temporary Teeth	...	...	...	152	398

(6) Administrations of general anaesthetics for extractions ... 206

(7) Other Operations—Permanent Teeth	...	...	...	140	
Temporary Teeth	...	...	...	—	140

TABLE VII
Return of Attendances at Medical Clinics 1930

[illegible]

TOTALS	...	1,571	3,024	23,227	2,095	4,313	30,536	4,000	720	1,854	523	7,551	53,450	7,126	1,570	41,315	1,658	4,646	3,824	4,231	4,200	3,172	3,705	10,131	13,354	2,105	39,235	2,679	7,777
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TABLE VIII—Summary of the Work at the School Dental Clinics 1930

	CENTRAL CLINIC				ARMLEY CLINIC				BURLEY CLINIC				EAST LEEDS CLINIC				EDGAR STREET CLINIC				HOLBECK CLINIC				HUNSLT CLINIC				TOTAL ELEMENTARY SCHOOLS				SECONDARY SCHOOLS				Total Work			
	No. of Sessions	New Cases	Re-Inspections	Total	No. of Sessions	New Cases	Re-Inspections	Total	No. of Sessions	New Cases	Re-Inspections	Total	No. of Sessions	New Cases	Re-Inspections	Total	No. of Sessions	New Cases	Re-Inspections	Total	No. of Sessions	New Cases	Re-Inspections	Total	No. of Sessions	New Cases	Re-Inspections	Total	No. of Sessions	New Cases	Re-Inspections	Total	No. of Sessions	New Cases	Re-Inspections	Total				
No. of Children Examined ...	38	1166	2695	3861	59	1104	4703	5927	51	1084	4223	5307	16	264	1313	1577	118	1754	11582	13336	63	1200	5211	6411	45	923	1001	1924	390	7555	33788	41343	38	565	3308	3873	428	45,216 (490) (51,159)		
No. of Children Requiring Treatment ...	—	859	2098	2957	—	827	3510	4337	—	660	2404	3064	—	177	823	1000	—	1039	6013	7052	—	837	3633	4520	—	657	3224	3881	—	5106	21795	26811	—	361	2032	2393	—	29,204 (32,273)		
No. of Children Accepting Treatment ...	—	1093	1248	2941	—	1367	2140	3507	—	1016	1364	2380	—	340	847	1187	—	1193	1836	2999	—	1487	1889	3376	—	9563	12138	21701	—	70	256	335	—	22,036 + (22,034)†						
No. of Children Actually Treated ...	—	1600	1133	2733	—	1307	1745	3052	—	968	1302	2270	—	243	296	539	—	1119	1290	2409	—	1378	1681	3059	—	8975	10074	19049	—	100	296	396	—	10,445 + (10,437)†						
No. of Attendances for Extractions ...	47	1492	637	2129	78	1379	1155	2534	54	953	911	1864	11	242	183	425	104	2379	1559	3938	61	1135	975	2110	65	1440	1005	2451	420	9026	6425	15451	11	68	140	217	431	15,668 (450) (16,312)		
No. of Teeth Extracted—Temporary ...	—	2349	1042	3391	—	2778	1820	4604	—	1950	1758	3708	—	500	360	800	—	4413	3043	7456	—	2252	1697	3949	—	2781	2125	4906	—	17023	11851	28874	—	82	70	152	—	20,026 (31,605)		
Permanent ...	—	407	402	809	—	316	605	981	—	220	478	704	—	55	72	127	—	710	725	1435	—	276	499	775	—	363	318	681	—	2353	3159	5512	—	68	178	246	—	5,758 (5,085)		
No. of Attendances for Fillings ...	206	290	985	1275	129	113	709	822	80	52	528	580	32	10	208	218	172	57	1182	1239	92	56	506	502	200	104	1345	1449	911	682	5403	6145	123	175	576	751	1034	6,896 (941) (5,979)		
No. of Teeth Filled—Temporary ...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8 (8)			
Permanent ...	—	405	1201	1606	—	148	996	1144	—	69	740	809	—	15	285	300	—	86	1831	1917	—	85	701	786	—	145	1626	1771	—	953	7440	8393	—	243	860	1103	—	9,496 (8,896)		
No. of Anaesthetics given General ...	—	—	—	1982	—	—	—	2495	—	—	—	1813	—	—	—	414	—	—	—	3814	—	—	1996	—	—	—	—	2363	—	—	—	—	—	—	206	—	15,083 (15,717)			
Local ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2 (28)			
Other Operations—Temporary ...	—	—	—	10	—	—	—	—	—	—	—	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30 (64)				
Permanent ...	—	—	—	254	—	—	—	23	—	—	—	49	—	—	—	12	—	—	—	30	—	—	54	—	—	—	—	117	—	—	—	—	—	—	—	—	085 (338)			
* Regulations—No. of Children	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65 (64)				
No. of Attendances...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	509 (653)			
No. of Appointments made	—	—	—	4446	—	—	—	4383	—	—	—	3021	—	—	—	774	—	—	—	6593	—	—	—	3583	—	—	—	5405	—	—	—	—	—	—	—	—	—	20,480 + (28,780)†		
No. of Appointments kept	—	—	—	3404	—	—	—	3356	—	—	—	2444	—	—	—	643	—	—	—	5177	—	—	—	2672	—	—	—	3900	—	—	—	—	—	—	—	—	—	22,504 + (22,291)†		

In addition, 46 Sessions were spent in the examination of children in connection with the competition for the care of the teeth (3,020 examinations). * Whole material sent to the Dental School, Leeds. † Figures in parentheses are totals for the year.

TABLE IX—Average Height

Age last Birthday	ELEMENTARY SCHOOLS				SECONDARY SCHOOLS				Average Height England & Wales 1883 Artisan Towns	
	No. Measured		Inches		No. Measured		Inches		Inches	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
3	703 (636)	551 (525)	37·0 (37·0)	36·7 (36·6)	—	—	—	—	—	—
4	1237 (1031)	1102 (1003)	39·6 (39·5)	39·2 (39·1)	2 (3)	2 (3)	43·7 (42·0)	43·4 (39·9)	—	—
5	1647 (1649)	1682 (1669)	41·6 (41·6)	41·4 (41·2)	16 (13)	17 (24)	43·6 (43·9)	42·9 (44·3)	39·7 —	39·8 —
6	323 (362)	309 (334)	44·3 (43·8)	43·5 (43·5)	16 (10)	12 (11)	46·3 (45·2)	44·7 (44·9)	41·9 —	41·8 —
7	436 (287)	466 (222)	46·8 (46·7)	46·4 (46·3)	9 (10)	2 (7)	49·0 (48·7)	46·5 (47·2)	44·6 —	43·6 —
8	3340 (3821)	3301 (3801)	47·6 (47·8)	47·9 (47·8)	23 (30)	30 (23)	50·2 (49·9)	51·0 (49·9)	46·5 —	45·5 —
9	209 (370)	228 (423)	49·8 (49·7)	49·8 (49·4)	18 (37)	23 (33)	51·7 (51·2)	53·6 (51·5)	48·9 —	47·4 —
10	81 (59)	75 (73)	51·5 (51·7)	51·4 (51·4)	35 (26)	50 (33)	54·0 (53·9)	54·2 (54·4)	50·7 —	49·0 —
11	289 (148)	248 (147)	54·2 (53·9)	53·9 (54·1)	52 (73)	128 (118)	54·5 (54·7)	55·5 (55·7)	52·7 —	51·5 —
12	1906 (2443)	1893 (2589)	54·8 (55·2)	55·6 (55·9)	172 (251)	159 (185)	56·6 (56·3)	57·3 (58·0)	53·7 —	54·0 —
13	128 (234)	122 (260)	57·1 (56·9)	57·3 (57·1)	56 (75)	90 (112)	59·5 (58·7)	59·7 (60·0)	55·8 —	56·2 —
14	4 (17)	5 (10)	59·9 (60·2)	57·4 (59·0)	77 (75)	93 (114)	61·5 (61·7)	61·2 (61·4)	58·6 —	58·6 —
15	— —	— —	— —	— —	295 (325)	151 (193)	63·7 (63·5)	62·7 (62·6)	— —	— —
16	— —	— —	— —	— —	31 (18)	54 (72)	65·4 (65·8)	62·8 (62·3)	— —	— —
17	— —	— —	— —	— —	1 (3)	3 (12)	66·7 (67·9)	62·3 (62·5)	— —	— —
18	— —	— —	— —	— —	— (1)	2 (1)	— (62·0)	60·0 (62·5)	— —	— —

The figures in brackets represent the corresponding averages for 1929.

TABLE X—Average Weight

Age last Birthday	ELEMENTARY SCHOOLS				SECONDARY SCHOOLS				Average Weight England & Wales 1883 Artisan Towns	
	No. Weighed		Lb.		No. Weighed		Lb.		Lb.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
3	703 (636)	551 (525)	33·7 (33·6)	32·4 (32·4)	—	—	—	—	—	—
4	1237 (1031)	1102 (1003)	37·0 (37·0)	36·0 (35·6)	2 (3)	2 (3)	42·5 (46·2)	43·2 (43·8)	—	—
5	1647 (1649)	1682 (1669)	40·2 (40·1)	38·9 (38·4)	16 (13)	17 (24)	43·2 (41·8)	43·2 (43·2)	40·9 —	40·3 —
6	323 (362)	309 (334)	44·0 (44·1)	42·5 (42·6)	16 (10)	12 (11)	48·0 (45·5)	45·1 (47·7)	44·6 —	43·1 —
7	436 (287)	466 (222)	50·0 (49·7)	48·6 (47·7)	9 (10)	2 (7)	54·1 (54·3)	49·0 (47·7)	50·7 —	46·2 —
8	3340 (3821)	3301 (3801)	53·8 (53·6)	52·0 (51·7)	23 (30)	30 (23)	58·6 (56·7)	59·4 (56·2)	54·3 —	51·8 —
9	209 (370)	228 (423)	58·5 (57·7)	56·5 (55·8)	18 (37)	23 (33)	60·9 (60·3)	59·7 (58·3)	58·3 —	55·2 —
10	81 (59)	75 (73)	63·2 (63·7)	62·3 (61·3)	35 (26)	50 (33)	66·3 (66·5)	69·1 (70·1)	64·0 —	60·5 —
11	289 (148)	248 (147)	72·0 (72·3)	70·0 (69·8)	52 (73)	128 (118)	69·3 (69·4)	73·4 (72·9)	69·0 —	66·8 —
12	1906 (2443)	1893 (2589)	74·2 (74·8)	75·9 (76·7)	172 (251)	159 (185)	77·6 (76·1)	83·2 (83·3)	73·0 —	74·9 —
13	128 (234)	122 (260)	82·1 (80·7)	81·7 (81·9)	56 (75)	90 (112)	93·8 (85·1)	90·6 (95·8)	79·0 —	84·9 —
14	4 (17)	5 (10)	96·2 (93·5)	76·7 (93·0)	77 (75)	93 (114)	101·2 (100·5)	103·7 (102·8)	87·3 —	97·7 —
15	— —	— —	— —	— —	295 (325)	151 (193)	110·8 (108·9)	112·4 (109·7)	— —	— —
16	— —	— —	— —	— —	31 (18)	54 (72)	115·9 (122·8)	115·5 (114·2)	— —	— —
17	— —	— —	— —	— —	1 (3)	3 (12)	124·0 (135·7)	109·8 (118·2)	— —	— —
18	— —	— —	— —	— —	— (1)	2 (1)	— (114·7)	113·7 (123·5)	— —	— —

The figures in brackets represent the corresponding averages for 1929.

TABLE XI

**Number of Notices Issued to Parents of Children Reported
to have Defects during 1930**

SCHOOL MEDICAL OFFICERS' CASES—				
First Notices...	...	...	8,467	
Second Notices	...	...	1,816	
				10,283
DEFECTIVE VISION CASES	...	...		8,790
SCHOOL NURSES' CASES—				
Uncleanliness of Head—				
First Notices	...	7,736		
Second Notices	...	3,045		
Special Notices	...	921		
Final Notices	...	1,461		
			13,763	
Uncleanliness of Body—				
First Notices	...	1,087		
Second Notices	...	269		
Final Notices	...	24		
			1,380	
				15,143
SCHOOL DENTAL OFFICERS' CASES	...	...		29,204
SECONDARY SCHOOL CASES	...	...		627
TOTAL	...	...		64,047

TABLE XII

Number of Exclusions 1930

DEFECT	REFERRED FOR EXCLUSION BY		TOTAL
	School Medical Officers	School Nurses	
Uncleanliness of Head	34	1,778	1,812
Uncleanliness of Body	6	293	299
Ringworm	86	69	155
External Eye Disease	35	147	182
Defective Vision*	47	—	47
Skin Diseases	180	315	495
Other Diseases	17	6	23
TOTAL 1930	405	2,608	3,013
TOTAL 1929	530	2,954	3,484

*In addition to these cases children are excluded who do not wear the spectacles that have been supplied, or who fail to take steps to repair or replace spectacles that have been broken or lost.

REPORT ON PHYSICAL EDUCATION IN ELEMENTARY SCHOOLS 1930

Staff—Miss L. J. Mitchell, Assistant Organiser, left the services of the Leeds Education Committee on the 31st December 1930, to take up duties as Organiser of Physical Education for the County of Worcester Education Committee.

In order to give a comprehensive report on the progress of Physical Training activities in the Elementary Schools for the year 1930, particulars are summarised in the following sections—

A—Physical Training and Organised Games in the Schools, Playing Fields, Evening Classes.

B—Leeds Elementary Schools' Athletic Association.

1—Annual Report.

2—Children's Day.

3—Affiliated Associations.

C—Swimming Instruction.

D—School Camp.

E—Other Activities.

Play Centres.

Physical Education Circle.

Gray Trophies.

A—PHYSICAL TRAINING AND ORGANISED GAMES IN THE SCHOOLS

During the year an attempt has been made to create a more even distribution of enthusiasm for Physical Training in the Schools throughout the city. The standard of work, though varying considerably, is on the whole very satisfactory, and it is anticipated that by the end of the year the standard in every Department in the city will be more even.

It is an important duty of the P. T. Organising Staff to give further instruction to teachers in the employment of the Committee. The argument that teachers are fully trained in Physical Education in the normal Colleges is not generally admitted. In fact among the new teachers engaged each year by the Education Committee, there are many whose instruction in the various branches of Physical Education has been very limited. They have much to learn,

and the work of teaching them how to teach is left to the Organiser of Physical Training. It is readily admitted that a Head Teacher will assist and train an assistant teacher straight from College in most subjects, but very few Head Teachers undertake the task of assisting their staff in Physical Training.

Physical Training, moreover, suffers from the fact that it is not an "examination subject," consequently it does not receive from Training College Authorities the attention which its importance demands.

The situation is serious enough, but in view of the more advanced nature of the proposed physical education scheme, which should come into operation when the school leaving age is raised, the need for further systematic training is insistent.

Day Courses become almost a necessity. Leeds is fortunate in possessing excellent facilities for training teachers, and the value of Day Courses, particularly with the advent of Senior Schools in view, cannot be over emphasised.

During the year four Refresher Day Courses for Teachers were held at the City of Leeds Training College. Each course, of one week's duration, was attended by 30 teachers, making a total of 60 men and 60 women, representing 120 different school departments. These courses were conducted by the Organising Staff, and did much to stimulate interest in the work and improve the methods of teaching. Many of the teachers returned to their schools with renewed enthusiasm, and infused a new interest in the rest of the School staff. (As a direct result of the above Courses a Rugby Union Football Team was formed—the Leeds Chirons. This new club is developing a very happy social spirit amongst the men teachers and several members of the Office Staff.)

Physical Training in the Schools—It may be argued that after being given a place on the time table of every school for the past 20 years, the importance of physical exercise is now recognised. Physical Education is still struggling for its fair share of time and attention in the time table, and there is a tendency to cut out the physical training lesson and devote the time to other subjects. The basis of the school physical training should be the daily lesson, and the first essential in that lesson is hard muscular work. The aim should be to make strenuous exercise so regular a part of the daily lesson that the unexercised scholar will feel uncomfortable and ill at ease. The outcome of a sound scheme is improved health of the child and general control, an "esprit de corps" in the school,

mental alertness and an increased ability to respond to instruction in other subjects. It is a pleasure to report that in the large number of schools in the city, where sound schemes of physical training are in operation these valuable results are recognised by the Head Teacher. One of the most pressing duties of the Organising Staff is to make the recognition more general.

Organised Games period has received consideration during the past year. At the beginning of the year a memorandum was sent to all Senior Departments with suggestions for conducting organised games. Observation has shown that the Organised Games Period is receiving more attention, and that attempts are being made to *organise* play and *coach* the major games. It is felt that little further progress can be made until proper facilities are provided.

Playing Fields—The provision of playing fields for elementary school children is under review, and there has been a conference between members of the Education Committee and the Improvements and Parks Committees, but progress is slow. The Leeds Elementary Schools' Athletic Association, with the help of a grant from the Education Committee, has almost completed the improvements to the T. V. Harrison Sports Ground. The experience gained in equipping this Playing Field supports the contention that the purchasing of the land for Playing Fields is only a small percentage of the total cost which will be entailed in providing facilities for the Organised Games Period. Mere grass land is not sufficient—it must be suitably levelled, equipped, marked out, and kept in good condition. The Military Field at Roundhay provides a useful example of this. Upwards of 300 children can be accommodated on this spacious playing area, and yet there is little opportunity of indulging in any games other than Football and Cricket.

Free Transport for Elementary School children to Playing Fields in school time came in force on 1st November 1930. The Voucher System is in operation. Each department gives particulars stating the number of children transported on every visit to a playing field on triplicate vouchers. Of these vouchers, one is retained by the Head Teacher, one is forwarded to the Tramways Department and one to the Education Offices. A monthly account is sent to the Education Offices from the Tramways Department, charging $\frac{1}{2}$ d. per child per journey. This scheme, whilst presenting certain difficulties, is economical, as only those children who actually travel are paid for. Tribute is paid to the kind assistance given by the Transport Section of the City Tramways, and their willing co-operation in solving the difficulties that have arisen. The

scheme is now working smoothly, and is much appreciated by all teachers and scholars concerned.

Evening Classes have been well attended during the year. No doubt attendance at Teachers' Classes has been stimulated by the Day Courses held in March. For some years Recreational Classes have been formed for employees of various firms in the city. These classes are becoming so popular that difficulty is experienced in providing accommodation for the increasing numbers.

Physical Training in Evening Schools has received special attention of late. The instruction is at present in the hands of selected Elementary School teachers, who are only trained to teach children up to fourteen years of age. It is felt that the instruction in these classes should be more advanced, and that the teachers should have some special training. It is proposed to hold classes during the summer for men and women teachers in Evening Institutes, and to issue a certificate at the end of the Course to those teachers who have made satisfactory progress.

B—LEEDS ELEMENTARY SCHOOLS' ATHLETIC ASSOCIATION

This Association continues to exert a powerful and useful influence on the physical welfare of the children of the Elementary Schools.

Extracts from the 11th Annual Report are given—

" Great strides have been made in the improvements to the T. V. Harrison Sports Ground. The pavilion, with electric lighting, gas radiators, and suitable lavatory and washing accommodation has been built; four netball courts and two American ball courts have been laid down; and a large open shelter has been erected. Further improvements—the lengthening of the football pitch, so as to permit of the playing of Rugby football, and a general levelling of the surrounding ground, have still to be undertaken. It is hoped in the immediate future to see the ground completed so that our energies can be directed towards another quarter of the city. The North is supplied by Ash Road Grounds; negotiations are on foot to secure an eminently suitable ground for East Leeds; South Leeds, Holbeck, and Hunslet have still to be catered for. Middleton Clearings only partially supplies the needs for the South.

The T. V. Harrison Ground has been offered to the Education Committee for the use of the schools in the neighbourhood from 9 a.m. to 4 p.m. on every school day. It is hoped that during the summer months the grounds will be opened from 5 p.m. to 8.30 p.m. for the use of children, under the supervision of one or more teachers.

Grants totalling the sum of £322 11s. 0d. have been made during the year to various charities.

	£	s.	d.
Teachers' Benevolent and Orphan Funds	100	0	0
Northern Police Orphanage	10	10	0
Boots for Bairns	20	0	0
Leeds Workpeoples' Hospital Fund ...	50	0	0
Free Places to School Camp	120	0	0
Mr. Burgess's Appeal	1	1	0
Castleford Fund	21	0	0

Allocations to the extent of £58 3s. 0d. have been made to various Associations.

L.E.S. Cricket Association	20	0	0
L.E.S. Netball Association	15	0	0
L.E.S. American Ball Association ...	20	0	0
Hunslet Amateurs	1	1	0
L.M.S. Sports Association	1	1	0
Wykebeck Athletic	1	1	0

There is still a wide scope in Leeds for the work of our Association. The need for Playing Fields and equipment is still urgent, especially in the congested areas. Improved travelling facilities have been offered by the Tramways Committee for transport. It is hoped that these facilities will be extended to cover parties of children, under supervision, when going to and returning from their Sports Grounds on Saturday mornings."

Children's Day was again organised by the Association, and over 50,000 people were attracted to Roundhay Park to witness the various items of a large and interesting programme, including Displays of Maypole, Massed Country Dancing, Sword and Morris Dancing, Eurhythmics, Massed Gymnastics, Swimming Exhibitions, Concerts, and a Military Tattoo. The event was considered the most successful Children's Day that had been held. With the receipts from Flag Day a record sum of £1,321 18s. 6d. was raised. An attempt was made to make the Displays more representative of every School Department in the city, and consequently children

were drawn from both Junior and Senior Departments, including a contingent from the School for Deaf.

That organised games are playing an important part in the life of the Elementary School children, and that teachers do not spare themselves in the organisation of out of school activities will be readily gathered from the following notes on affiliated Associations—

Leeds Schools' Football Association—The information below is taken from the 35th Annual Report.

"The membership during 1929-30 was 59 schools, out of which 49 were included in the seven divisions of the League. The list of games was formidable in the aggregate, the inclusive total being 705, comprising 296 in the League, 69 Schools' Cup Ties, 67 Meadow Cup Ties, 37 D.D. Shield Games, 39 Samuel and Royston Cup Ties, 17 City and other championship matches and approximately 180 friendly fixtures.

That this ambitious programme has been carried out practically in its entirety, and certainly more expeditiously than usual, reflects great credit on the teachers who train the teams, and pointedly emphasises their loyalty to the Executive.

Undoubtedly the team of the season was Ingram Road, the Holbeck boys securing every available football trophy.

Four Leeds boys secured County Honours."

Leeds Schools' Rugby League—"This year has seen an extension of the policy of not merely *teams* turning out, but *schools*, and Saturday morning at Ash Road presents a very busy spectacle. Usually between 400 and 500 boys are to be seen making full use of the six pitches. From 9.30 a.m. every available pitch is in use.

While this mass production is good, and tends to raise the general standard of play, we are not getting the outstanding individuals of three or four years ago. This materially increases the Committee's difficulties when representative matches are in view.

The total number of matches played is—

Division I	156
Division II	134
Friendly	56
Cup Ties	35
City and Supplementary	5

386

It appears to be common that the boys aged nine and ten of to-day are more diminutive than in the past few years, and in consequence the whole hearted enjoyment of all games, and of ours in particular seems more essential now than ever. We rejoice greatly that each year new faces, full of youth and enthusiasm, are joining our band of Teacher trainers. To all we bid a cordial welcome."

Hunslet Schools' Rugby League—The 11 schools in membership provide 17 teams, 7 senior, and 10 junior. Six schools, therefore, have both a senior and a junior team. Several schools have encouraged more scholars to participate by arranging inter-house, or inter-class matches on a handicap basis.

A total of 167 matches have been played in addition to four matches played by the City Team.

The outstanding event of the year is the winning of the County Shield for the first time.

Six boys secured County Honours in the Yorkshire v. Lancashire match. After a splendid struggle on the Salford Ground the match resulted in a bare win for the Yorkshire boys.

Leeds Schools' Cricket Association—Despite the severe handicap of lack of suitable pitches, this Association has had a successful season. There has been an increase in membership of eleven, making a total of seventy-seven schools. City matches were played against York, Bradford, Sheffield, Hull, Kippax (2), and Allerton Bywater (2). The first County match ever played was staged this year between Yorkshire and Lancashire at Todmorden. Two Leeds boys were selected for this match.

Leeds Elementary Schools' Games Association—This Association was formed in February 1929, with a view to uniting the two girls' sections, (American Ball and Net Ball), has justified its formation. It has stimulated a greater interest in the games branch of Physical Education, and has done much to improve the general standard of play. A very successful season culminated in a final tournament on 15th July at Chapeltown C. Mixed School, thirteen schools, representing the winning teams of the various districts, taking part. There are now 73 schools in membership.

A Junior Section has been formed for children under 11½ years of age.

Leeds Elementary Schools' Net Ball Association—The Net Ball Association continues to increase its membership. The City Team had a most successful season, winning all its matches.

Schools and workshops were circularised with a view to forming a Senior Net Ball League. Six teams responded, but with the completion of the excellent Net Ball Courts on the T. V. Harrison Sports Ground more entries are expected in 1931.

Leeds Elementary Schools' American Ball Association The change in the rules of American Ball last year has been justified. This has had a marked effect in opening out the game, improving technique and raising the standard of play generally. This branch has also increased its membership from 26 to 30 schools.

Leeds Swimming Association The work of this Association is mentioned under "Swimming Instruction."

The Sixth Inter-City Schools' Swimming Gala was held at Bradford on 27th September. The standard of swimming was high, and the competition very keen. Teams from Bradford, Sheffield, Doncaster, Hull, Huddersfield, Rotherham, Scarborough, and Wakefield competed, Leeds occupying 3rd place.

C—SWIMMING INSTRUCTION

Instruction in Swimming for children in Elementary Schools has been carried out on lines similar to those of previous years, at a charge by the Property Committee to the Education Committee of three-half-pence a child for each visit to the Baths.

The season commenced on Monday, the 7th April, and continued until Friday, the 3rd October, a period of 19 weeks. Compared with 18 weeks of 1929, this is a slight improvement, but still a considerable reduction on the 22 weeks of the season 1928.

During the season 143,905 attendances have been made by scholars during school hours, giving a weekly average attendance of 7573.9, an increase of sixteen on the previous year.

Examinations for Certificates of Proficiency in Swimming, awarded by the Education Committee, have been carried out periodically by members of the Physical Training Staff and the Superintendent of the Baths.

The following Certificates were awarded—

			Boys		Girls
Third Class	...	...	1,125	...	946
Second Class	...	...	797	...	477
First Class	...	...	545	...	296
Total	...		4,186		(1929—3,822)

The scheme for Advanced Swimming Instruction which was introduced in 1929 has been continued during this season at four of the Corporation Baths, with a total attendance of 989. The classes will be continued during the winter months.

During the year the Leeds Elementary Schools' Athletic Association have become affiliated to the Royal Life Saving Society, with a view to encouraging further advancement in swimming. In two school baths examinations were held by the Royal Life Saving Society, the following results being obtained—

	<i>Elementary</i>	<i>Proficiency</i>	<i>Bronze Medal</i>
Blenheim ...	11	11	7
Hunslet Lane	—	9	—

The Annual Swimming Galas were organised as in previous years, by a joint committee of the Corporation Property Committee and the Leeds Elementary Schools' Athletic Association. Seven District Galas were held at the various baths at the end of the summer term, and the semi-final and final Galas at Cookridge Street Baths at the close of the Swimming Season.

The present scheme of Swimming Instruction, which has been in operation in Leeds since the war, has been reviewed during the past year, in order to bring this important branch of Physical Education in line with recent advancements made by other cities during the past three years. A modified scheme is being prepared, which will stress the Educational aspect of swimming in school time, and will economise on the time spent on the subject by concentrating instruction on one school year.

D—THE SCHOOL CAMP

The Camp experienced one of the most successful seasons. A successful attempt has been made to fill the Camp every week with a view to economy in transport, accommodation, and service. The Camp reopened on Monday, the 19th May, and closed on Monday, the 22nd September. During the 19 weeks, 2,280 children spent a week there at an average of 120 per week, compared with 110 in 1929. 220 children were given free places in Camp, the cost being borne by the Leeds Elementary Schools' Athletic Association. Schools have been encouraged to fill both boys' and girls' sections of the Camp. In these circumstances arrangements have been made for the charabancs to pick up the children and luggage at the schools instead of the Education Offices.

An extra large dormitory has been erected for boys to replace the dilapidated bell tents. A wireless set was installed at the beginning of the season.

The camp now consists of—

- Two large huts for girls
- Three large huts for boys
- Ablution sheds, etc.
- Staff hut for Men Superintendents—staff dining room
- Staff hut for Women, and Cook
- Hospital
- Kitchen and Bread Store

The Education Committee paid an official visit to the Camp on Wednesday afternoon, the 25th June.

E—OTHER ACTIVITIES

Play Centres—No addition has been made to the number of Play Centres, namely seven.

Park Lane C.	Organised by the Education Committee
Primrose Hill C.	...	...
Isles Lane C.	...	...
Low Road C.	...	...
Hunslet Lane C.	Yorkshire Ladies' Council of Education
Woodhouse C.	...	...
Cross Stamford Street			Jewish Welfare Committee

It will be a matter of satisfaction to all concerned that, during the winter evenings more than 2,000 children are accommodated in the Evening Play Centres, where under healthy conditions and in happy circumstances they are able to spend a pleasant and profitable time. In most cases the absence of a Play Centre would mean that the children would be playing in the streets, with the attendant moral and physical dangers. In considering the numbers in attendance, it should be remembered that no compulsion whatever can be exercised and that the only attractions are the interest and enjoyment of the children. Housing conditions being what they are, the Play Centres offer for many children the only real opportunity of playing under proper conditions.

Previous reports have dealt with the large variety of activities of the Play Centres. These are still maintained. In September the Play Centre Superintendents were asked to meet the Chief Organiser to discuss the means to develop a more constructive scheme for boys. Several experiments are being made, the results of which will be discussed at a meeting at the end of the session.

Gray Trophies—The competition was again confined to children under 11 years of age. Fourteen boys' teams and seventeen girls' teams entered for the competition, the winners being—Boys', Quarry Mount C. School, Girls', Stanningley C. of E. School.

Physical Education Circle—It has been decided that this branch of the Leeds Swedish Gymnastic Association shall function every other year instead of annually. Efforts are being made to stimulate the interest of the men teachers.

In conclusion I wish to express on behalf of the Physical Education Staff, our appreciation of the goodwill and effective co-operation of the Head Teachers and the Assistant Teachers of the city.

SIDNEY SHAW

Chief Organiser of Physical Training

February 1931

EMPLOYMENT OF CHILDREN EDUCATION ACT 1921, PART VIII, SECTIONS 90-108

(1) General Employment

Owing, no doubt, to the continued trade depression and to the consequent economic pressure in many homes, there is no appreciable diminution in the number of school children employed out of school hours.

A careful watch is kept on the general health of the children employed. No child has been discovered in an occupation too arduous for him, neither has it been necessary during the year to require a subsequent examination as to a child's fitness for employment.

There is reason for the conclusion, therefore, that neither the health nor the education of these children has suffered, and that moderate employment in suitable occupations, properly regulated, is, on the whole, beneficial.

During the year, 747 children applied for working certificates, and were examined by the School Medical Officer; 723 were boys and 24 were girls. Of these, 56, owing to minor defects, were not granted employment certificates in the first instance, and subsequent examinations by the School Medical Officer were necessary, in order to certify that the defects discovered had received proper attention. In all 827 examinations were conducted, and out of the total number of 747 children examined, 2 only were rejected as unfit to follow any employment.

The number of school children employed at the close of the year was 937, a decrease of 41 as compared with the figure of 1929. Of the 937 children employed, 30 only were girls. They were engaged in the following occupations—

Nature of Employment				Boys	Girls	Totals
Newspapers	...	...	†7-8 a.m.	388	3	391
"	...	...	5-7 p.m.	241	6	247
Milk "	...	...	†7-8 a.m.	14	2	16
"	...	...	5-7 p.m.	9	1	10
Grocers	...	...	5-7 p.m.	52	2	54
Greengrocers	...	...	5-7 p.m.	42	1	43
Butchers	...	...	5-7 p.m.	46	—	46
Bakers and Confectioners	...	...	5-7 p.m.	37	5	42
*Various	...	...	5-7 p.m.	78	10	88
Total	...	...		907	30	937

*NOTE—(a) Employed as messengers for chemists, tailors, drapers, milliners, jewellers, firewood dealers, florists, laundries, drysalers, fancy-goods dealers, ironmongers, and as surgery assistants.

(b) On Saturday or during school holidays the hours which employers may select are either from 9 a.m. to 1 p.m., or 2 to 6 p.m.

†(c) Children employed before school hours, may be employed in the afternoon only between 5 and 6 p.m.

Employment before morning school is restricted to the delivery of milk and newspapers, and of the juveniles employed 68% were engaged at some part of the day in the delivery of newspapers.

It is gratifying to report a reduction in the number of offences, and as a consequence there have been fewer prosecutions. In all, 274 breaches of the regulations were investigated, as against 408 last year. Thirty-two notices were served, 31 persons were warned by the Committee, and 6 employers were prosecuted for the illegal employment of children.

(2) Street Trading

Ten years ago the number of young persons trading in the streets of the city was 103. The total number so engaged on the 31st December 1930, was 8, of whom 5 were employed selling newspapers.

(3) Children Employed in Entertainments

There was an increase in the number of children licensed by other Education Authorities, and visiting Leeds, to take part in public entertainments. The figure was 42, as compared with 32 reported in December 1929. Of this number, 26 appeared in Pantomime and were here for periods of six to ten weeks. During their stay in Leeds they were twice examined by the Chief School Medical Officer as to their fitness to take part in such employment. The remainder were on tour and stayed in Leeds for only one week; the conditions of their licences were strictly observed, and the children attended school in accordance with the regulations.

J. H. CAPES

Chief Inspector for the Employment of Children

